

THE OHIO STATE UNIVERSITY TRAVEL REQUEST FORM

GENERAL INFORMATION:

Organization Number _____
 Organization Phone _____
 Traveler _____
Last Name First Name
 Travel Points: _____
 Departure _____, _____
City State or County
 Date of Departure _____
 Date of Return _____
 Purpose of Trip _____

Travel Order Number: _____

Blanket
 Organization Contact _____
 Organization Address _____
 Social Security Number _____
 Destination(s) _____, _____
 _____, _____
City State or County

TOTAL ESTIMATED COST OF TRIP:

Transportation	\$ _____	Registration Fees	\$ _____
Meals	\$ _____	Other	\$ _____
Lodging	\$ _____	Total Estimated Cost	\$ _____

CHARTFIELD INFORMATION:

Org.	Fund	Account	Project	Program	User Defined	Estimated Amount	Maximum Amount
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
Total						\$ _____	\$ _____

REQUESTED PAYMENTS: (Do not include costs to be paid by traveler for reimbursement at a later date.)

1. Prepaid Transportation:
 \$ _____ Commercial Airline → Authorized Agency _____
 \$ _____ University Motor Pool → Type of Vehicle _____

2. Prepaid Registration Fees:
 \$ _____ Vendor Name and Address _____
 Mail Check Payee _____
 Hold Check Address _____

(Attach sheet for additional registration fees)

Org.	Fund	Account	Project	Program	User Defined	Total Requested Payments
_____	_____	_____	_____	_____	_____	\$ _____

AUTHORIZATION:

Traveler Date

Travel Office Date

Authorizing Officer Date

Signature of authorizing officer approves the travel request and the reimbursement request not in excess of more than 20% the total estimated cost.