



OHIO STATE UNIVERSITY EXTENSION
TRAVEL REIMBURSEMENT FORM

"T" Number _____

INSTRUCTIONS:

1. Complete pages 1 and 2 and attach appropriate original, itemized receipts.
2. The completed form must be returned to the Regional Extension Office (for counties) or to the Business Office (for others) within 90 days to be eligible for reimbursement.
3. Provide additional documentation for vacation/personal time which overlaps this business trip.
4. Provide additional documentation for any shared expenses.
5. Travel policies are available at <http://busops.osu.edu/travel.php>.

DEPARTMENT INFORMATION:

Department Contact Name: _____ Phone #: _____

TRAVELER INFORMATION:

Traveler Name: _____ Traveler e-Mail: _____

For Non-University Employees enter mailing address: _____

TRIP INFORMATION:

List only primary destinations (layovers or rest-stops can be excluded). Shaded boxes are not required.

	CITY	STATE (or Country if Foreign)	Departure Date	Departure Time	AM/ PM	Return Date	Return Time	AM/ PM
Departure Site								
Destination 1								
Destination 2								
Destination 3								
Destination 4								

- One-way trip
 Foreign Travel - currency conversion rate: _____

Business Purpose of Trip: _____

- Does this trip involve Multistate activity? Yes No
Is this trip related to learning, teaching or creating OSU research? Yes No

EXCEPTION INFORMATION:

If applicable, check the appropriate box and provide an explanation. Exceptions require Dean/VP approval before reimbursement takes place.

- Travel number assigned after departure date (After-the-fact Reimbursement) Explanation: _____
 Reimbursement paperwork approved 90 days after return date _____
 Total for Reimbursement exceeds estimated amount by 20% of estimate or more. _____
 Other Exception to Policy: _____

CHARTFIELD INFORMATION:

Expenses must be itemized on Page 2.

ORG	Fund	Account	Project	Program	User Defined	3rd Party Reimbursements	Other University Payments	Total for Reimbursement
_____	_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____	_____			
Total Reimbursement								

SIGNATURE AUTHORIZATIONS:

This form must be signed by the individual receiving the reimbursement; designees are not acceptable. This form must be signed with an authorizing signature(s) for the org(s) indicated in the chartfield(s) above. Any increase to the Total for Reimbursement by the Business Office that is less than or equal to \$15.00 will not require an additional signature from the Authorizing Signer.

I certify that the itemized expenses submitted are true to the best of my knowledge. I have not requested payment for any travel expense reimbursed, or expected to be reimbursed by an External Third-Party. Additionally, I am not requesting reimbursement of expenses made on my behalf via other OSU payment method(s), as noted on Page 2.

Traveler Signature _____ Date _____
Traveler Printed Name _____ Phone _____
Authorizing Signature _____ Date _____
Authorizer Printed Name _____ Phone _____

REIMBURSABLE EXPENSES

Section 1: Airfare, Vehicles and Registration		3rd Party Reim. to Traveler	University Payments	For Reimbursement
Airline: _____				
Rental Car Agency: <input type="checkbox"/> National <input type="checkbox"/> Enterprise <input type="checkbox"/> *Other: _____				
<i>*Reason for using non-contracted agency.</i>				
Personal Vehicle: _____ miles @ \$0.55 / mile _____			NOT APPLICABLE	
Conference Registration Fee: Base Fee Only				
Conference Registration Fee: Optional Events**				
<i>**Business Purpose:</i>				

Total:				

Section 2: Lodging Itemization	Attach all original, itemized hotel receipts. Attach additional sheets if needed.				
	<input type="checkbox"/> Shared Hotel Room with: Name(s) _____			T#(s) _____	
Expense Type	Location 1	Location 2	Location 3	Location 4	Total
Lodging & Taxes					
Parking					
*Internet					
**Phone					
Subtotal:					

*Business Purpose: _____

**Business Purpose(s): _____

3rd Party Reim. To Traveler		University Payments		For Reimbursement
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Section 3: Meals or Per Diem	<input type="checkbox"/> Full Per Diem - applicable rate can be found: www.gsa.gov <input type="checkbox"/> Reduced Per Diem as agreed to on Travel Request Form prior to the trip. See Travel Request form. Amount per Day: \$ _____ <input type="checkbox"/> Actual Expenses (itemized receipts with proof of payment are required)					
Date	Location (city, state)	Breakfast (25%)	Lunch (25%)	Dinner (50%)	3rd Party Reim. to Traveler	For Reimbursement
Total Meals/Per Diem:						

Section 4: Other: (taxi/shuttle, airport parking, rental car gasoline, etc.)	Attach original receipts where required. (See Travel Policies)			
Date	Location city, state or country	Description	3rd Party Reim. to Traveler	For Reimbursement
Total Other:				

	3rd Party Reim. To Traveler	University Payments	Total for Reimbursement
Grand Total:			