



THE OHIO STATE UNIVERSITY  
EXTENSION TRAVEL REQUEST FORM

<i>For Business Office Use Only:</i>	<i>Initials</i>
Request #:	_____
Travel #:	_____

<b>GENERAL INFORMATION</b>		All information is required. List only primary destinations (layovers or rest-stops can be excluded).	
Department Contact Name:	_____	Phone #:	_____
Traveler Name (print):	_____	Affiliation:	<input type="checkbox"/> Faculty/Staff - Employee ID: _____ <input type="checkbox"/> Student - Emp ID if applicable: _____ <input type="checkbox"/> Non - University
Email Address:	_____		
	<b>City</b>	<b>State (or Country)</b>	<b>Date</b>
Departure Site:	_____	_____	Departure: _____
Destination(s):	_____	_____	Return: _____
	_____	_____	<input type="checkbox"/> One-way trip

<b>BUSINESS PURPOSE OF TRIP</b>	Be as specific as possible. Avoid abbreviations. See instructions on Page 2 for additional information.
_____	
Does this trip involve Multistate activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this trip related to learning, teaching or creating OSU research? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>ESTIMATED COST OF TRIP</b>	List all expenses regardless of payment method. All estimated expenses should reflect the least expensive option or quote. Use Page 2 for any prepayments. List 3rd party payments if applicable.		
Airfare:	_____	Lodging:	_____
Rental Car:	_____	<a href="#">Meals/Per Diem:</a>	_____
Mileage: _____ miles @ .55	_____	Other:	_____
Registration	_____	Total:	_____
University Policy allows for the traveler to request a reduced per diem rate prior to the trip without the need to provide actual receipts. This amount must remain the same after the trip. If you would like a reduced amount please list that amount per day \$ _____			
Total Estimated Expenses:		Third Party Payments	

<b>CHARTFIELD INFORMATION</b>	List OSURF chartfields first if applicable. A maximum amount is not required.						
ORG	FUND	ACCOUNT	PROJECT	PROGRAM	USER DEFINED	ESTIMATED AMOUNT	MAXIMUM AMOUNT
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

<b>AUTHORIZATION</b>	Traveler must sign form (designees are not allowed). Org authorization required.
Traveler Signature:	_____
<i>By signing, I acknowledge that I have reviewed both sides of this document and authorize the amounts estimated or expensed.</i>	
Org Authorizer (print):	_____
Org Authorizer Signature:	_____ Date: _____

**REQUESTS FOR PREPAYMENT**

Increases in airfare equal to or less than the quoted price plus 10% will not require additional approval. Do not include Purchasing Card, Travel Card or other payments made via other buying tools. Include prices under "Estimated Cost of Trip" section on page 1.

**AIRFARE:**

Quoted Price: \$ \_\_\_\_\_

Select applicable travel agency:

 Uniglobe Travel Designers: 1-800-966-6512 Travel Solutions: 1-877-OSUTRVL

Name as it appears on State Issued ID: \_\_\_\_\_

**RENTAL VEHICLE (UNIV MOTOR POOL)**

Quoted Price: \$ \_\_\_\_\_

Phone: (614) 292-9112

Or make your reservation here: <http://apollo.tp.ohio-state.edu/VehicleRental/Club.cfm>**REGISTRATION FEES**Total Cost: \$ \_\_\_\_\_  I have included my registration form to be sent with the check.

\*Optional Events: \$ \_\_\_\_\_

Base Fee: \$ \_\_\_\_\_

\*Business Purpose for Optional Events:

Payee Name (check issued to:)

Payee Mailing Address:

**CASH ADVANCE**

Amount Requested: \$ \_\_\_\_\_

- Eligibility:
- Student Traveler
  - Faculty/Staff Student Group Advisor
  - Faculty/Staff International Travel (> 30 days)
  - Eligibility Exception\*

- Check Disposition:
- Employee - Direct Deposit
  - Hold for Pickup (Non-University or Students)
  - Mail to Address Below: (Non-Univ or Student)

\*Eligibility Exception:

Reason for Request: \_\_\_\_\_

I acknowledge that I am receiving a travel cash advance for the amount shown above. These funds will be used in accordance with OSU Travel and Expenditure policies. Within two weeks of my return, I will provide the area/department an itemization of expenses, original receipts and/or documentation supporting the use of the travel cash advance. In addition, I will return all remaining funds in the form of a check or money order made payable to The Ohio State University.

I understand that if I use the travel cash advance in a manner inconsistent with OSU Travel and Expenditure Policies or fail to provide the University with any of the above documentation and/or remaining funds, student-disciplinary or employee-corrective action up to and including termination and/or criminal action may result.

Traveler Signature for Cash Advance: \_\_\_\_\_

Date: \_\_\_\_\_

\*An exception to the eligibility criteria for a cash advance has been approved on behalf of this traveler. This exception has been logged at the College/VP level, and any additional documentation regarding this exception is attached (e.g. photocopies, traveler or department correspondence, etc.)

\*Dean/VP or Designee Signature for Cash

Advance: \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITIONAL INSTRUCTIONS****"Business Purpose of Trip" Section:**

**Does this trip involve Multistate activity?** This question is asked to satisfy federal requirements. The definition of Multistate activity is collaborative efforts that reflect the programs of institutions located in at least two or more States or territories. Examples may include contracts, grants, committees, projects, trainings, workshops, centers, and meetings that involve more than one State.

**Is this trip related to learning, teaching or creating OSU research?** This question is asked to satisfy federal requirements. The definition of Integrate Research and Extension is jointly planned, funded and interwoven activities between research and Extension to solve problems. This includes the generation of knowledge and the transfer of information and technology. Integrated activities may include coordinating committees, workshops, training, centers, projects and meetings.

**Prepayments - Foreign Drafts**

For cash advances or registration fees that require a foreign draft, contact your business office representative for additional information.