



# THE OHIO STATE UNIVERSITY TRAVEL REIMBURSEMENT FORM

"T" Number

<p><b>INSTRUCTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Complete both sides (front and back) and attach the appropriate original, itemized receipts.</li> <li>2. The completed form must be returned to the Travel Office within 60 days of travel to be eligible for reimbursement.</li> <li>3. Exceptions to any Travel Policy require the signature of a dean or vice president (see back of form).</li> <li>4. All amounts must be in US Dollars (USD). See "Payment Distribution" (right) for a foreign currency check.</li> <li>5. Complete form instructions and policies are available at <a href="http://www.busops.ohio-state.edu/travel">www.busops.ohio-state.edu/travel</a>.</li> </ol>	<p><b>PAYMENT DISTRIBUTION</b> (check all that apply):</p> <p><input type="checkbox"/> <b>Hold Check:</b> The reimbursement check for pick-up by the departmental contact (as listed below).</p> <p><input type="checkbox"/> <b>Foreign Draft:</b> Convert the reimbursement check from US Dollars to _____.</p> <p><input type="checkbox"/> <b>Currency Conversion:</b> When the Reimbursement form was completed, the conversion rate and denomination used to convert to US Dollars were: _____.</p> <p><input type="checkbox"/> <b>Blanket In-State Travel Order</b></p>
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**GENERAL INFORMATION:** Complete information is required, including non-preprinted areas. Line through and edit any incorrect information.

ORG Number \_\_\_\_\_ Department Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_

Traveler Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Corrected Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Affiliation:  Faculty / Staff Employee ID \_\_\_\_\_

Student Social Security Number \_\_\_\_\_

Non-University Social Security Number \_\_\_\_\_

**TRIP INFORMATION:** Date and return times are required.

Departure Site \_\_\_\_\_, \_\_\_\_\_ Depart Date \_\_\_\_\_ Depart Time \_\_\_\_\_ AM / PM

Destination Site(s) \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Return Date \_\_\_\_\_ Return Time \_\_\_\_\_ AM / PM

\_\_\_\_\_

Purpose of Trip \_\_\_\_\_

**CHARTFIELD INFORMATION** - UNIV funds only; OSURF not permitted. Expenses must be itemized on reverse side.

ORG	Fund	Account	User Defined	University Project	Program	Travel Office Prepayment	Amount to Reimburse	Maximum Amount
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
<b>Total Reimbursement</b>						\$ _____	\$ _____	\$ _____

**SIGNATURES** - Faculty, staff, and students are required to sign this form; designees are not accepted. Guest signatures are suggested. If amount exceeds pre-trip estimates by 20% or more, or original receipts are missing, an authorizing officer's signature is required below.

I certify that the costs submitted for reimbursement are actual and reasonable and incurred for the stated purpose in accordance with University policies. In addition, I am not requesting reimbursement for expenses that other payments have been made on my behalf, including but not limited to Purchase Orders, Travel Office prepayments, PCard, OSURF, or other third-party sponsor.

Traveler Signature X \_\_\_\_\_ Date \_\_\_\_\_

Traveler Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Authorizing Signature X \_\_\_\_\_ Date \_\_\_\_\_

Authorizer Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

**REIMBURSABLE EXPENSES**

<b>Transportation</b>		<b>Reimbursement Amount</b>	<b>PCard Purchase</b>
Airline	Airline: _____	\$ _____	\$ _____
Rental Car	Agency: _____	\$ _____	\$ _____
Personal Vehicle	_____ whole miles @ \$0._____ per mile =	\$ _____	NOT APPLICABLE
Alternate Mode	Rail and ferry only. Taxis and shuttles in "Other".	\$ _____	\$ _____
<b>Conference Registration</b>		\$ _____	\$ _____
<b>Hotel:</b>	Itemize expenses below.	\$ _____	\$ _____
<b>Per Diem</b>	Depart : _____ AM / PM Return : _____ AM / PM	\$ _____	NOT APPLICABLE
<b>Other:</b>	Itemize expenses below.	\$ _____	\$ _____
<b>Total Expenses</b>		\$ _____	\$ _____

**Lodging and Meal Itemization** – Attach all original, itemized hotel receipts. Lodging costs only to include nightly rate and taxes. Departments may require original per diem receipts. Attach additional sheets if hotel stay exceeds four nights.

Date	Location (city, state or country)	Total Lodging per Night		Per Diem (not to exceed Federal City Rate)
		Reimbursement	PCard	
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Enter Totals above.		\$	\$	\$

**"Other" (taxi / shuttle, rental car gasoline, business meals, etc.)** – Attach all original receipts for required items listed in Travel Policies. Attach additional sheets if needed.

Date	Location (city, state or country)	Description	Amount	
			Reimbursement	PCard
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Enter Totals above.			\$	\$

**EXCEPTION REQUEST** – To be completed by Dean or Vice President.

An exception to an OSU Travel or Expenditure policy is requested on behalf of this traveler. This exception has been logged at the college level, and any additional documentation with regard to the exception is attached (ex. photocopies, traveler or department correspondence, etc.). The reason for this exception request is as follows:

- A "T" number was not issued prior to departure (excluding mileage only).
- Reimbursement was not requested within 60 days of the trip.

Signature X \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Phone \_\_\_\_\_