



## Procurement Shared Service Center Post-trip Expense Report

T-Number:

Destinations:

Departure Date:

Departure Time:

Traveler name:

Trip name

(optional):

Return Date:

Return Time:

### Travel Cost Summary

Reimbursement Total  
PCard/GET card Total  
Cash Adv. Exp. Total  
Prepaid Exp. Total

### Total

PreTrip Travel Estimate

Under/Over Pretrip

Percentage Over Pretrip

### Expense Detail

Type	Amount to be Reimbursed	PCard/GET Card	Prepaid Expense	Notes
Meals (From Table Below)				
Airfare				
Registration				
Lodging				
Internet				
Transportation				
- Rental Car				
- Fuel				
- Mileage: # of Miles: @ /mile				
- Taxi				
- Shuttle				
- Other				
- Parking				
- Tolls				
Business Meals				
Other:				
Other:				
Other:				
Other:				
Other:				
<b>TOTAL</b>				

### Meal Expense Detail

### Per Diem Total

Indicate for each meal for each day if the traveler should be reimbursed for per diem or actual meal expenses ((y)es or (n)o) or a business meal (BM) by using the drop down boxes. If the traveler is being reimbursed for per diem or actual meal expenses other than business meals, you may indicate the amount in the box provided or leave it as \$0.00 for the Service Center to complete.

Date							
City							
Breakfast							
Lunch							
Dinner							
<b>Total</b>							

Date							
City							
Breakfast							
Lunch							
Dinner							
<b>Total</b>							

If per diem requests conflicts with a meal offered by a conference, document the reason for requesting per diem:

**Procurement Shared Service  
Center Post-trip Expense Report**

T-Number:

Traveler name:

Trip name

(optional):

**Chartfield (if different from approved travel request)**

Amount \$/%	BU GL	Org	Fund	Account	Project	Program	User Defined

*Additional Chartfield Information/Instructions*

Please provide any additional instructions or information the traveler feels is necessary.

**Cash Advance Reconciliation**

Please use the following table to document your cash advance reconciliation and attach all receipts. If there are more receipts than space, please document the traveler's receipts on a separate spreadsheet as an attachment and include the total below.

1. Amount of Cash Advance Issued to the Traveler				
	EXPENSE TYPE	RECEIPT ATTACHED		AMOUNT
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
2. Total of expenses drawn from cash advance				
3. Balance				

If line 1 is larger than line 2, the traveler must remit unused portion of the Cash Advance in the form of a check or money order. Costs that exceed the cash advance amount should be included for reimbursement in the expense detail section on page one of this form.

**Additional Information/Instructions** (please provide any additional information/instructions the traveler feels is necessary)**Third Party Payment****Total**

Please use the following table to document any third party payments paid for this trip. This includes any travel expenses that have been or will be reimbursed to the traveler by a third party or any expense that is paid directly by a third party.

EXPENSE TYPE	PAYEE		AMOUNT

For instructions on filling out this form, please go to: <http://u.osu.edu/pssc/procurement-processes/travel/> and look for the travel expense template instructions.