THE OHIO STATE UNIVERSITY
TRAVEL REIMBURSEMENT FORM

"T" Number

INSTRUCTIONS:

1. Complete both sides (front and back) and attach the appropriate original, itemized receipts.
2. The completed form must be returned to the Travel Office within 90 days of travel to be eligible for reimbursement.
3. Exceptions to any Travel Policy require the signature of a dean or vice president (see back of form).
4. All amounts must be in US Dollars (USD). See "Payment Distribution" (right) for a foreign currency check.
5. Complete form instructions and policies are available at www.busops.ohio-state.edu/travel.

PAYMENT DISTRIBUTION (check all that apply):

☐ **Hold Check:** The reimbursement check for pick-up by the departmental contact (as listed below).

☐ **Foreign Draft**: Convert the reimbursement check from US Dollars to _____.

☐ **Currency Conversion**: When the Reimbursement form was completed, the conversion rate and denomination used to convert to US Dollars were: _____.

☐ **Blanket In-State Travel Order**

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
_____	_____	_____	_____	_____	_____	$_____	$_____	$_____
_____	_____	_____	_____	_____	_____	$_____	$_____	$_____
_____	_____	_____	_____	_____	_____	$_____	$_____	$_____
					Total Reimbursement	$_____	$_____	$_____

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

Transportation

		Reimbursement Amount	PCard Purchase
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".	$ _____	$ _____

		Reimbursement Amount	PCard Purchase
Conference Registration		$ _____	$ _____
Hotel:	Itemize expenses below.	$ _____	$ _____
Per Diem	Depart :_____ AM / PM Return : _____AM / PM	$ _____	NOT APPLICABLE
Other:	Itemize expenses below.	$ _____	$ _____
	Total Expenses	$ _____	$ _____

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 90 days of the trip.

Signature   X _____   Date   _____

Printed Name   _____   Phone   _____