

Travel Authorization Form

OSU Affiliation: _____ Faculty _____ Staff _____ Student _____ Guest

Name: _____ OSU Emp ID: _____
(as it appears on government ID)

OSU email address (name.# format only) _____

Departure City: _____

Destination City: _____

Cell phone or phone number at destination(s): _____

Date of Departure: _____ Time of Departure: _____

Date of Return: _____ Time of Return: _____

Business Purpose of Trip – Please be specific

Will there be any personal travel in combination with your business travel?

Yes No

If so, please provide details and attach cost comparisons for airfare (business itinerary only vs business and personal combined itinerary – must show the lowest roundtrip airfare for business dates of travel, e.g., listing from Travelocity.

Funding source/Chartfield information:

Org: _____ Fund: _____ Project: _____ Prog: _____ UD: _____

Org: _____ Fund: _____ Project: _____ Prog: _____ UD: _____

Org: _____ Fund: _____ Project: _____ Prog: _____ UD: _____

Projected Expenses

Airfare.....\$ _____

Do you need your ticket pre-paid? Yes No

If yes, please attach preferred itinerary or specify your restrictions in notes section on 2nd page.

Rental Car (Please check company below)..... \$ _____

OSU Motor Pool

Enterprise – Contract ID for business travel: XZ38OSU

National – Contract ID for business travel: 5000491

Non-Contract Vendor – purchase of CDW & LDW required

Other - Explanation: _____

Personal Vehicle (\$0. X _____ miles)..... \$ _____

Estimated Per Diem Costs (meals/incidentals).....\$ _____

_____ I am requesting full per diem for all eligible meals while on travel status

Country/City: _____ Daily Rate: _____

_____ I am requesting less-than-full per diem in the amount of \$ _____/day

_____ I am declining per diem for the entire trip

_____ I will submit *itemized* meal receipts including proof of purchase in lieu of per diem

Estimated Lodging Costs.....\$ _____

Registration Fee.....\$ _____

Do you need your registration prepaid? _____ Yes _____ No

(if yes, you must attach the completed registration form)

Other (Misc) Estimated Expenses.....\$ _____

Total Estimated Cost.....\$ _____

Has a trip maximum been established? _____ Yes _____ No If yes, how much? \$ _____

Cash Advance: _____ Yes \$ _____ No

(NOTE: Please refer to OSU Travel Policy for qualification criteria)

Will any portion of your travel expenses be reimbursed by a 3rd party? _____ Yes _____ No

If yes, please specify the 3rd party name(s) and portions of travel to be covered/reimbursed.

Notes:

Traveler's Signature (Required) Date

Printed Name

Funding Approval Signature Date

Printed Name

Prepared by (if other than traveler) Date

FOR OFFICE USE ONLY:

T Number _____ Processed By: _____ Date Processed: _____

Approved By: _____ Date Approved: _____