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: _______
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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.

_____________________________________________________________________________________

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Notes:

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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: ___________________

Revised: 9/01/09