

Exception

Travel# \_\_\_\_\_

Vendor# \_\_\_\_\_

# Arts and Sciences Travel Reimbursement Worksheet

Please upload original itemized receipts, proof of payment and proper documentation

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

Departure City: \_\_\_\_\_

Destination City/Cities: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Time of Departure: \_\_\_\_\_

Date of Return: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Traveler email: \_\_\_\_\_

Prepared by (person other than traveler): \_\_\_\_\_

Chartfield: org fund acct project# prog userdef

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SUMMARY OF TRIP EXPENSES	Actual Expenses	Pre-Paid by Dept
Airfare	\$	\$
Rental Car Contract Vendor? ___Yes ___No	\$	\$
Personal Vehicle _____miles @ \$___ per mile	\$	\$
Conference Registration	\$	\$
Lodging (populates from below)	\$	\$
Per Diem (populates from below) ___Full ___Partial ___Receipts ___None	\$	\$
Other (Misc) Expenses (populates from below)	\$	\$
Total Pre-Paid expenses		\$
Third-Party reimbursement to be <b>deducted</b> (populates from below)	\$( )	
Cash Advance to be <b>deducted</b>	\$( )	
Total Net Actual Expenses	\$	
<b>Amount to Reimburse / Trip Maximum</b>	\$	

**Signature** (Note: Applies to guests/visitors only)

I certify that the itemized expenses submitted for reimbursement are actual and reasonable and incurred for a valid OSU business purpose in accordance with University Policies. In addition, to the best of my knowledge, I have not been reimbursed and will not be reimbursed for the expenses associated with the payment except as shown above.

Traveler's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Detail of Meals and Lodging**

The M&IE rates differ by travel location. View the per diem rate for your primary destination to determine which M&IE rates apply.

M&IE Total	\$46	\$51	\$56	\$61	\$66	\$71
Continental Breakfast / Breakfast	\$7	\$8	\$9	\$10	\$11	\$12
Lunch	\$11	\$12	\$13	\$15	\$16	\$18
Dinner	\$23	\$24	\$29	\$31	\$34	\$36
Incidentals	\$5	\$5	\$5	\$5	\$5	\$5
First & Last Day of Travel	\$34.50	\$38.25	\$42	\$45.75	\$49.50	\$53.25

Meals provided (on plane / at conference or hotel) Y \_\_\_ N \_\_\_

If yes, please specify

Conference Hotel Rate (if applicable) Y \_\_\_ N \_\_\_

**Detail of Meals and Lodging**

Date	City	Per Diem	B	L	D	Meal Total	Lodging
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
<b>Total</b>						\$	\$

**Detail of Other (Misc) Expenses (taxi/shuttle, rental car gasoline, internet, etc.)**

Date	City	Description / Reason	Amount
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total</b>			\$

**Detail of Third-Party Reimbursement (if an outside institution/corporation paid or will pay any portion of the traveler's expenses)**

Date	Party Name	Description	Amount
			\$
			\$
			\$
<b>Total</b>			\$

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**Additional Information (chartfield changes, shared room information, etc.)**