

T# _____
Cash Advance? ___ Yes ___ No

Travel Authorization Form

OSU Affiliation: _____ Faculty _____ Staff _____ Student _____ Guest

Name : _____ OSU Emp ID (if applicable): _____
(EXACTLY as it appears on your government ID used to check in at the airport)

Date of Birth: _____ Cell phone or destination phone number _____

Email Address (name.# format for OSU employees): _____

Departure City _____

Destination City _____

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 round trip 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
Seating preference (circle one): aisle window no preference
Please attach preferred itinerary or specify your restrictions in notes below.

Rental Car.....\$ _____

- _____ 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).....\$ _____

(Per diem rates available at www.gsa.gov)

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

Cash Advance (circle one): Yes: \$ _____ No

(NOTE: Please refer to OSU Travel Policy for qualification criteria. <http://www.ctlr.ohio-state.edu/travel/travel-home.shtm>)

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

If yes, please provide 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:

"R" # _____ Processed By: _____ Date Processed: _____

Approved By: _____ Date Approved: _____

Date Cash Advance Requested: _____