

# THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION

Travel Office - 1960 Kenny Road - Columbus, OH 43210 - ph. (614) 292-2126 - fax (614) 292-6870 - http://rf.osu.edu

## TRAVEL REQUEST/REIMBURSEMENT FORM

TRAVELER \_\_\_\_\_  
LAST NAME FIRST NAME INITIAL UNIV EMPLOYEE NUMBER

TRAVEL POINTS \_\_\_\_\_

ESTIMATED DEPARTURE \_\_\_\_\_ A.M./P.M. \_\_\_\_\_ RETURN \_\_\_\_\_ A.M./P.M. \_\_\_\_\_  
TIME DATE TIME DATE

POST-TRAVEL INFORMATION  
 ACTUAL DEPARTURE \_\_\_\_\_ A.M./P.M. \_\_\_\_\_ RETURN \_\_\_\_\_ A.M./P.M. \_\_\_\_\_  
TIME DATE TIME DATE

DEPT. CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

DEPT. ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

PURPOSE OF TRIP \_\_\_\_\_

- UNIV. EMPLOYEE  
 STUDENT EMPLOYEE

NON-EMPLOYEE & STUDENT PLEASE USE FORM ACNT-1 ON OUR WEB SITE

### RF ADMINISTRATIVE USE

TRAVEL ORDER \_\_\_\_\_  
 \_\_\_\_\_  
 VOUCHER \_\_\_\_\_  
 \_\_\_\_\_  
 AMOUNT REIMBURSED \_\_\_\_\_  
 \_\_\_\_\_  
 RF APPROVAL \_\_\_\_\_  
 \_\_\_\_\_  
 DATE \_\_\_\_\_

### REGISTRATION PRE-PAYMENT

AMOUNT: \_\_\_\_\_  
 ATTACH REGISTRATION FORM TO MAIL WITH CHECK FOR PAYMENT BY WIRE TRANSFER ALSO INCLUDE AUTHORIZATION OF PAYMENT AND REQUEST FOR DOMESTIC/INTERNATIONAL WIRES FORM

### CHARTFIELD INFORMATION

ORG	FUND	ACCOUNT	PROJECT #	USER DEFINED	PROGRAM	AMOUNT

### CASH ADVANCE

\$ \_\_\_\_\_  
 INCLUDE LETTER OF JUSTIFICATION SIGNED BY PI

DESCRIPTION OF EXPENSES	ESTIMATED COST	RF PRE-PAYMENT	P-CARD	ACTUAL COST
<b>AIRFARE</b> - INDICATE AUTHORIZED TRAVEL AGENCY FOR PRE-PAYMENT BY RF:				
<b>UNIVERSITY MOTOR POOL</b> - ENTER ESTIMATE ONLY, (ACTUAL COST NOT REQUIRED) AND TYPE OF VEHICLE:				
<b>PERSONAL AUTO:</b> ESTIMATED MILEAGE @ _____ ¢ PER MILE ACTUAL MILEAGE _____				
<b>LODGING AND MEALS:</b> LODGING \$ _____ MEALS \$ _____				
<b>MISCELLANEOUS TRAVEL EXPENSES:</b>				
<b>REGISTRATION FEES AND RELATED EXPENSES</b>				
<b>TOTAL</b>				

### PRE-TRAVEL AUTHORIZATION

Authorized Project Signature (travelers may not approve their own travel) \_\_\_\_\_ Date \_\_\_\_\_  
 Print name of Authorized Signer \_\_\_\_\_ Title \_\_\_\_\_

### MAIL REIMBURSEMENT CHECK TO:

\_\_\_\_\_  
 \_\_\_\_\_

### POST TRAVEL PAYMENT AUTHORIZATION

Traveler Certification that these Expenses are Correct \_\_\_\_\_ Date \_\_\_\_\_  
 Additional approval required by Authorizing Officer if total cost exceeds the estimate by 20% or if no estimate has been provided. \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name of Authorizing Officer \_\_\_\_\_ Title \_\_\_\_\_

### RF ADMINISTRATION USE

TOTAL ACTUAL COST \_\_\_\_\_  
 P-CARD PAYMENTS \_\_\_\_\_  
 RF PREPAYMENTS - \_\_\_\_\_  
 ADJUSTMENTS +/- \_\_\_\_\_  
 REIMBURSEMENT \_\_\_\_\_

**PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS AND POST-TRAVEL EXPENDITURE ITEMIZATION**

**LODGING AND MEALS (Attach originals of all receipts)**

DATE EXPENSE INCURRED	TRAVEL POINT		P-CARD	LODGING	MEALS			TOTAL REIMBURSABLE MEALS
	CITY	STATE OR COUNTY			BREAKFAST	LUNCH	DINNER	
<b>TOTAL LODGING</b>			\$	\$	<b>TOTAL REIMBURSABLE MEALS</b>			\$
<b>TOTAL LODGING AND REIMBURSABLE MEALS</b>								\$

**MISCELLANEOUS TRAVEL EXPENSES (Attach originals of all receipts)**

DATE EXPENSE INCURRED	TRAVEL POINT		DESCRIPTION	P-CARD	AMOUNT
	CITY	STATE OR COUNTY			
<b>TOTAL MISCELLANEOUS TRAVEL EXPENSES</b>				\$	\$

**REGISTRATION FEES AND RELATED EXPENSES (Attach originals of all receipts)**

DATE EXPENSE INCURRED	TRAVEL POINT		DESCRIPTION	P-CARD	AMOUNT
	CITY	STATE OR COUNTY			
<b>TOTAL REGISTRATION FEES AND RELATED EXPENSES</b>				\$	\$

**SEE [HTTP://OANDA.COM](http://OANDA.COM) FOR INTERNATIONAL TRAVEL EXCHANGE RATES**

**BEFORE TRIP (PRE-TRAVEL INFORMATION)**

1. Complete front of form, except shaded areas.
2. Items to be pre-paid by RF should be entered in the RF PRE-PAYMENT column and included in the ESTIMATED COST column.
3. Submit all parts of this form to RF Travel. Part 1 (yellow copy) will be authorized and returned to you for resubmission after the trip.

**AFTER TRIP (POST-TRAVEL INFORMATION)**

1. Itemize all expenditures on back of form and enter totals in the ACTUAL COST column on front.
2. Complete all shaded areas on the front of Part 1 (yellow copy).
3. Attach a note of explanation if an adjustment entry is made in the reimbursement block.
4. Attach all originals of required receipts including the original passenger receipt of the airline ticket.
5. Attach COPIES of receipts for purchases made with P-Cards.
6. Return Part 1 (yellow copy) to RF Travel.

**Note: After travel has been completed, Part 1 must be resubmitted to RF Travel Office with all required receipts even if no reimbursement is requested.**

**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 (e.g., 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)       Other \_\_\_\_\_

Reimbursement was not requested within 90 days of the trip

Signature      X \_\_\_\_\_      Date      \_\_\_\_\_

Printed Name      \_\_\_\_\_      Phone      \_\_\_\_\_