

THE OHIO STATE UNIVERSITY

Documentation of Visitor Expense

William G. Lowrie Department of Chemical & Biomolecular Engineering

Date of Visit: _____

Name: _____

University: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Expenses

Description

Amount

Description	Amount
_____	_____
_____	_____
_____	_____
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Within 30 days please complete this form and return it, along with send original, itemized receipts for expenses over \$50.

Mail to: Angela Bennett
310 Koffolt Laboratories
151 W. Woodruff Ave
Columbus, OH 43210

More instructions can be found here: cbe.osu.edu/department/travel-information-visitors-cbe

