|  |  |  |
| --- | --- | --- |
|  **Name:**  | **Email:**  | **Travel #:** T000 |
|  **Departure City/ST:**  | **Destination City/ST:**  |
|  **Departure Date:**  | **Time:**  | **Return Date:**  | **Time:**  |
|  **Destination #2 City/ST:**  | **Return Date:**  | **Time:**  |
| **EXPENSES** | **REQUIRED DOCUMENTATION** |
|  **Airfare bought with personal funds:** $  | Receipt with flight details; shows payment method/how transaction was settled |
|  **Prepaid Airfare Confirmation #:**  | **Copy of CTP paid flight receipt/itinerary is required** |
|  **Lodging/Hotel**:  | Itemized receipt that shows payment method/how the transaction was settled |
|  **Registration**:  | Itemized receipt that shows payment method/how the transaction was settled |
|  **Rental Car**: $  | Itemized receipt w/ the OSU contract number; payment method shown |
|  **Personal vehicle mileage:** (# of miles driven: x $0.575)  | $  | Driving directions from office to destination(s). 2019 rate is $0.58/mile |
|  **Gas (rental cars only)**: $  | Original receipts are required |
| MISCELLANEOUS EXPENSES Provide original itemized receipts for miscellaneous expenses (e.g. baggage, parking, taxi, internet, tolls).  Enter the date and description for each receipt on its own line | [ ]  **ACTUAL COST OF MEALS:** Enter thedollar amount for each meal to be reimbursed. No receipt is required as long as the amount reimbursed is within the Per Diem allowance of the applicable city location.  **OR**[ ]  **PER DIEM: Breakfast & Lunch: $ Dinner: $** Enter the per diem value (M & IE rate) for each meal to be reimbursed. In general, per diem for the first and last days of travel is up to 75% of the full per diem rate. <https://www.gsa.gov/travel/plan-book/per-diem-rates> |
| DATE | DESCRIPTION/BUSINESS PURPOSE |  | DATE | BREAKFAST | LUNCH | DINNER | TOTAL |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
|  |  | $  |  |  |  |  | $  |
| **Miscellaneous Expenses Total** | $  | **Meal Total** | $ |
| ADDITIONAL INFORMATION: Document shared expenses with name(s) and T number(s): |
|  | total expenses | $  |
| Deductions (3rd party payment, travel award, etc) |
| Description |  | $ |
| Description |  | $ |
| Amount to reimburse | $  |

 **revised 01/10/2020**