|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
|  |  | | | | $ | |  | |  |  | |  | $ |
|  |  | | | | $ | |  | |  |  | |  | $ |
|  |  | | | | $ | |  | |  |  | |  | $ |
|  |  | | | | $ | |  | |  |  | |  | $ |
|  |  | | | | $ | |  | |  |  | |  | $ |
|  |  | | | | $ | |  | |  |  | |  | $ |
|  |  | | | | $ | |  | |  |  | |  | $ |
|  |  | | | | $ | |  | |  |  | |  | $ |
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|  |  | | | | $ | |  | |  |  | |  | $ |
|  |  | | | | $ | |  | |  |  | |  | $ |
|  |  | | | | $ | |  | |  |  | |  | $ |
|  |  | | | | $ | |  | |  |  | |  | $ |
| **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**