

## Travel Reimbursement Worksheet

Traveler Name: \_\_\_\_\_  
 Departure City: \_\_\_\_\_  
 Destination City/Cities: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Time of Departure: \_\_\_\_\_  
 Date of Return: \_\_\_\_\_ Time of Return: \_\_\_\_\_  
 Traveler email: \_\_\_\_\_

SUMMARY OF TRIP EXPENSES	Actual Expenses	Pre-Paid by Dept
Airfare	\$	\$
Rental Car Contract Vendor? ___Yes ___No	\$	\$
Personal Vehicle _____miles @ \$ _____ per mile	\$	\$
Conference Registration	\$	\$
Lodging (populates from below)	\$	\$
Per Diem (populates from below) ___Full ___Partial ___Receipts ___None	\$	\$
Other (Misc) Expenses (populates from below)	\$	\$
<b>Total Pre-Paid expenses</b>		\$
Third-Party reimbursement to be <b>deducted</b> (populates from below)	\$( )	
Cash Advance to be <b>deducted</b>	\$( )	
Total Actual Expenses (Not Including Pre-Paid by Dept)	\$	
<b>Amount to Reimburse / Trip Maximum</b>	\$	

**Signature** (Note: Applies to guests/visitors only)

I certify that the itemized expenses submitted for reimbursement are actual and reasonable and incurred for a valid OSU business purpose in accordance with University Policies. In addition, to the best of my knowledge, I have not been reimbursed and will not be reimbursed for the expenses associated with the payment except as shown above.

Traveler's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Per Diem**

Meal Allowances are based upon the federal meal and incidental (Per Diem) rates that vary by city location. These rates **include** incidental expenses (e.g. service tips, housekeeping, baggage carriers, porters, etc). **NO RECEIPTS** are needed unless you are reimbursing actual meal expenses or a business meal. Business meals require an itemized paid receipt with the list of attendees and the business purpose of the meal.

Full meal allowances while on travel status will not be paid if a meal is served on the plane, included in a conference registration fee, built into the hotel room rate, or replaced by a legitimate business meal. The allowance must be adjusted by deducting the appropriate meal percentage listed below.

Travelers may be paid at 100% of the Per Diem allowance for the applicable city location or may be reimbursed for less than the Per Diem allowance with a general description of what was purchased (meal breakdown below) which is considered partial or reduced per diem. Note that the per diem amount is based on daily limits not meal limits. So if a meal was covered by another source you will subtract 25% of the city per diem for a breakfast that was covered; 25% of the city per diem for a lunch that was covered; and 50% of the city per diem for a dinner that was covered. The amount remaining is what the traveler is eligible for.

Meals provided (on plane / at conference or hotel) Y \_\_\_ N \_\_\_

\*\*If yes, please specify below in the "Additional Information" section and reduce per diem amount.

**Lodging**

The university will permit payment of lodging expenses at reasonable, single occupancy or standard business room rates. Payment will be limited to the conference rate when the hotel/motel is the conference/convention site.

Conference Hotel Rate (if applicable) Y \_\_\_ N \_\_\_

**Detail of Meals and Lodging**

Date	City/State	Daily Per Diem Rate	B	L	D	Meal Total	Lodging
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
<b>Total</b>						\$	\$

**Detail of Other (Misc) Expenses (taxi/shuttle, rental car gasoline, internet, etc.)**

Date	City/State	Description / Reason	Amount
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total</b>			\$

**Detail of Third-Party Reimbursement (if an outside institution/corporation paid or will pay any portion of the traveler's expenses)**

Date	Party Name	Description	Amount
			\$
			\$
			\$
<b>Total</b>			\$

Travel# \_\_\_\_\_

**Additional Information (chartfield changes, shared room information, etc.)**