

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Personal Vehicle _____ miles @ \$0.535 per mile	\$	\$
Conference Registration	\$	\$
Lodging (populates from below)	\$	\$
Per Diem (populates from below) <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Receipts <input type="checkbox"/> None	\$	\$
Other (Misc) Expenses (populates from below)	\$	\$
Total Pre-Paid expenses		\$
Third-Party reimbursement to be deducted (populates from below)	\$()	
Cash Advance to be deducted	\$()	
Total Actual Expenses (Not Including Pre-Paid by Dept)	\$	
Amount to Reimburse / Trip Maximum	\$	

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: _____