

# THE OHIO STATE UNIVERSITY TRAVEL REQUEST FORM

Travel Office Only

Processed by: \_\_\_\_\_

T # \_\_\_\_\_

**GENERAL INFORMATION** – All information is required.

Blanket Order (in-state mileage only)

ORG Number _____	Department Name _____
ORG Contact _____	ORG Contact Phone _____
ORG Mailing Address Rm / Bldg: _____	Street: _____
Traveler Name Last: _____ First: _____	
Affiliation: <input type="radio"/> Faculty / Staff Employee ID _____	
<input type="radio"/> Student Social Security Number _____ Date of Birth _____	
<input type="radio"/> Non-University Social Security Number _____ Date of Birth _____	
Purpose of Trip _____	
Departure _____	Destination(s) _____
Depart Date _____	_____
Return Date _____	_____

**TOTAL ESTIMATED COST OF TRIP** – All estimated expenses regardless of payment (PCard, Travel Office prepayment and/or personal funds).

Transportation \$ _____	Registration Fees \$ _____
Meals \$ _____	Other \$ _____
Lodging \$ _____	<b>Total Estimated Cost</b> \$ _____

**TRAVEL OFFICE PREPAYMENT REQUEST** – Prepayments to be processed by Travel Office; do not include PCard, or other payments.

**1. Prepaid Transportation**

\$ \_\_\_\_\_ Travel Services via University Designated Agency: \_\_\_\_\_  
 \$ \_\_\_\_\_ Rental Vehicle via University Motor Pool: **Transportation and Parking Services only**

**2. Prepaid Registration Fees** – Registration forms to accompany mailed checks must be faxed to the Travel Office with this form.

\$ \_\_\_\_\_ Payee Name (check issued to): \_\_\_\_\_  
 Payee Mailing Address: \_\_\_\_\_  
 Mail check directly to the conference.  
 Hold check for pick-up by Org contact listed above.

**CHARTFIELD INFORMATION:** All prepayments listed above will be paid using the first line of ChartField only.

ORG	Fund	Account	University Project	Program	User Defined	Estimated Amount	Maximum Amount
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____

**AUTHORIZATION** – Department authorization required. Additional authorization required at time of reimbursement.

Traveler Signature X \_\_\_\_\_  
 ORG Authorizer (printed name) \_\_\_\_\_ Phone \_\_\_\_\_  
 ORG Authorizer Signature X \_\_\_\_\_

## Instructions for Completing the Travel Request Form

University policy states that a Travel Request must be submitted to the OSU Travel Office prior to date of departure.

### GENERAL INFORMATION – Complete entire section.

- ◆ Check box if a Blanket Travel Request for in-state mileage only.
- ◆ Departure and destination point(s) should not include stopovers en-route.
  - ✓ Domestic travel – indicate City and State
  - ✓ International travel – indicated City and Country
- ◆ Complete departure and return dates and specific business purpose of trip.

**TOTAL ESTIMATED COST OF TRIP** – All travel expenses must be estimated regardless of payment method (i.e. PCard, prepayment, Purchase Order, traveler reimbursement, etc.). Enter estimated amount for each category, as applicable.

- ◆ Enter estimated transportation costs. Transportation includes airfare (commercial and private), railroad, bus, boat, rental car, personal auto and University Motor Pool.
- ◆ Enter estimate per diem meals, lodging and/or registration fees.
- ◆ Enter estimated “other” costs. “Other” includes any remaining costs not listed above, i.e. gasoline, tolls, parking fees, turnpike charges, telephone calls, fax charges, business meals, taxis, shuttles, and other authorized fees/charges associated with the trip.
- ◆ Add the five categories in this section and enter “Total Estimated Cost” of the trip.

### CHARTFIELD INFORMATION – Required.

- ◆ Enter at least one Organization, Fund and Account Number. Project, Program and User Defined are optional. Research Funds (OSURF) are not permitted.
- ◆ Enter Estimated Amount to be charged to each ChartField. If the traveler’s organization imposes a maximum amount, the reimbursement (including prepayments) will not exceed the indicated maximum amount.
- ◆ If maximum amount is not imposed, the total of the Estimated Amount shown in this section must equal the Total Estimated Cost shown in the section above.

**REQUESTED PREPAYMENTS** – Complete this section only if transportation and/or registration fees are to be paid in advance by the OSU Travel Office. Do not include any costs to be paid by the PCard, and/or other method. All requested prepayments will be charged to the first line of ChartField only.

**Commercial Airline:** Enter the cost quoted by a University authorized travel agency and the name of the agency contacted.

**University Motor Pool:** Enter the cost quoted by University Transportation and Parking Services and the type of vehicle requested.

#### Prepaid Registration Fees:

- ✓ For registration fees that are to be prepaid by the OSU Travel Office, enter the amount of the registration fee and the complete name and address of the organization to be paid (limit four lines).
- ✓ Indicate if the check is to be mailed from Accounts Payable (include applicable registration form), or to be held for pick up (do not include registration form). If the check is to be held in Accounts Payable for pick-up, the organization contact listed in the General Information section will be notified when the check is available.
- ✓ Enter the amount of the registration.

### AUTHORIZATION

- ◆ Obtain signatures of the traveler and an authorizing officer. Additional approval may be required by the college/office. Send or fax completed form to the Travel Office. A Travel Reimbursement form with the assigned with the “T” number will be returned to the organization contact person.