THE OHIO STATE UNIVERSITY
COLLEGE OF ARTS AND SCIENCES

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 @ $ 0.545 per mile	$	$
Conference Registration	$	$
Lodging (populates from below)	$	$
Per Diem (populates from below) ⬤ Full ⬤ Partial ⬤ Receipts ⬤ 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:_____