



THE OHIO STATE UNIVERSITY TRAVEL REQUEST FORM

For Office Use Only

Processed by: _____

Date: _____ T# _____

TRAVELER: COMPLETE FIRST SECTION - all information is required. Please submit to Michelle Blackwell.

Form containing fields for ORG Number, Department Name, ORG Contact Name, ORG Contact Phone, ORG Mailing Address, TRAVELER NAME, Affiliation, OSU ID Number, Vendor Number, TRAVEL DESTINATION(S), Departure Date, Return Date, and PURPOSE OF TRIP.

TOTAL ESTIMATED COST OF TRIP—All estimated expenses regardless of payment (Pcard, Travel Office prepayment, personal funds)

Transportation \$ _____ Registration Fees \$ _____
Meals \$ _____ Other \$ _____
Lodging \$ _____ TOTAL ESTIMATED COST \$ _____

*** The following to be filled out by Department ***

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

Table with 8 columns: Org, Fund, Account, University Project, Program, User Defined, Estimated Amount, Maximum Amount

PREPAYMENT REQUEST—Prepayments 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
\$ _____ Payee Name (check issued to): _____
Payee Mailing Address: _____
[] Mail check directly to the Conference
[] Hold check for pick-up by ORG contact listed above

AUTHORIZATION—Department authorization required. Additional authorization required at time of reimbursement.

Traveler Signature: X _____ Date: _____

EXPENSES TO BE PAID FROM (FUNDING SOURCE)