



The Ohio State University Special-Handling Travel Reimbursement Form

INSTRUCTIONS:

1. This form is used when special processing by the OSU Travel Office is required. Specific requirements and/or documentation are shown below.
2. Required sections must be completed. Exceptions to policy (as noted) require written documentation with Dean/VP or Designee approval.
3. All amounts must be shown in US dollars.
4. Submit completed form and original itemized receipts to the OSU Travel Office at 2650 Kenny Road.
5. The Travel Office will return original paperwork to the area's contact for document retention.

Section I – Purpose(s) for Special-Handling (complete applicable requirements).

Purpose(s) for Special-Handling

<input type="checkbox"/>	Alternate payee – the payment must be issued to someone other than the traveler.	Complete: <ul style="list-style-type: none"> Sections II and III in lieu of processing an online reimbursement. 	Documentation: <ul style="list-style-type: none"> Attach original receipts and documentation as appropriate. 	Attach memo indicating: <ul style="list-style-type: none"> Alternate Payee's full name Alternate Payee's Vendor ID Alternate Payee's Employee ID (if applicable) Alternate Payee's Mailing Address
<input type="checkbox"/>	Convert to foreign currency – the traveler requires that the reimbursement be converted from US dollars and issued in foreign currency.	Complete: <ul style="list-style-type: none"> Sections II and III in lieu of processing an online reimbursement. 	Documentation: <ul style="list-style-type: none"> Attach original receipts and documentation as appropriate. 	Foreign Currency required: _____ _____
<input type="checkbox"/>	Late payment – the traveler was previously reimbursed for the trip. Subsequently, an outstanding expense/receipt had been identified.	Complete: <ul style="list-style-type: none"> Applicable items in Section II and III in lieu of processing an online reimbursement. Section II record the existing T Number, traveler name and itemized outstanding expense/s only. Do not include previously reimbursed items. Complete Section III as required. 	Documentation: <ul style="list-style-type: none"> Attach original receipts and documentation as appropriate. 	
<input type="checkbox"/>	Multiple Reimbursements – extenuating circumstances exist that support mid-trip and/or multiple reimbursements of expenses (i.e.: lengthy trip).	Complete: <ul style="list-style-type: none"> Sections II and III in lieu of processing an online reimbursement. Do not include previously reimbursed items. 	Documentation: <ul style="list-style-type: none"> Attach original receipts and documentation as appropriate. Multiple reimbursements require Dean/VP or Designee approval. 	

Section II – Itemized Expenses.

General Information

T Number:	_____	ORG Number:	_____
Dept. Contact:	_____	Contact Phone:	_____
Traveler Name:	_____		
Mailing Address:	_____ _____		
Affiliation:	<input type="checkbox"/> Student	<input type="checkbox"/> Non-University	<input type="checkbox"/> Faculty / Staff (Employee ID) _____
Check Disposition:	<input type="checkbox"/> Mail Check	<input type="checkbox"/> Hold	<input type="checkbox"/> Direct Deposit
<small>Options for HOLD and MAIL CHECK are available to students or non-university affiliates only. Reimbursements to employees are administered by direct deposit.</small>			

Trip Information (dates and times required)

Departure Site:	_____ , _____	Depart Date:	_____	Depart Time:	_____	AM / PM
Destination Site(s):	_____ , _____	Return Date:	_____	Return Time:	_____	AM / PM
Business Purpose of Trip:	_____					

Special-Handling Travel Reimbursement Form
Section II (continued)

Reimbursable Expenses

Transportation:	Reimbursement Amount
Airline: _____	\$ _____
Rental Car Agency: _____	\$ _____
Personal Vehicle: _____ whole miles @ _____ \$0. _____ per mile = _____	\$ _____
Alternate Mode: Rail & ferry only. Taxis and shuttles in "Other".	\$ _____
Conference Registration:	\$ _____
Hotel: Itemize expenses below.	\$ _____
Per Diem: Depart: _____ AM/PM Return: _____ AM/PM	\$ _____
Other: Itemize expenses below.	\$ _____
Total Expenses:	\$ _____

Lodging and Meal Itemization – Attach all original, itemized hotel receipts. Lodging costs to include nightly rate and taxes only. Receipts not required if per diem is paid. Receipts are required if actual cost of meals is reimbursed. Attach additional sheets if hotel stay exceeds six nights.

Date	Location (city, state or country)	Total Lodging per Night	Per Diem (not to exceed Federal City Rate)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Enter Totals above:		\$	\$

"Other" (taxi / shuttle, rental car gasoline, etc.) – Attach all original receipts for required items listed in the Travel Policies. Attach additional sheets if needed.

Date	Location (city, state or country)	Description	Amount of Reimbursement
			\$
			\$
			\$
			\$
			\$
			\$
Enter Totals above:			\$

Chartfield Information

ORG	Fund	Account	User Defined	Project	Program	Amount to Reimburse
						\$
						\$
						\$
Total Reimbursement:						\$

Special-Handling Travel Reimbursement Form
Section III – Alternate Expense Payments and Exceptions.

Alternate Expense Payments (if applicable)

The traveler must complete the following information if any travel expense was paid or expects to be paid by the University through another payment method (e.g. Purchasing Card, Travel Card, Purchase Order, etc.), External Third-Party, and/or OSURF. **Do not list travel prepayments that were included on this Travel Order.**

Reimbursable Expense	OSU Payment (excluding Travel System prepayments)		External Third-Party Payment		OSURF Payment
	Method	Amount	Party Name	Amount	Amount
Airfare		\$		\$	\$
Rental Vehicle		\$		\$	\$
Mileage (personal vehicle)		\$		\$	\$
Registration		\$		\$	\$
Lodging		\$		\$	\$
Per Diem / Meals		\$		\$	\$
Incidentals		\$		\$	\$

Exception Approval (if applicable)

To be completed by Dean or Vice President's Office. An exception to OSU Travel and Expenditure Policies has been approved on behalf of this traveler. This exception has been logged at the College/VP level. Any additional documentation regarding the exception is attached (e.g. photocopies, traveler or department correspondence, etc.). The reason for this exception approval is as follows.

- A T-Number was not issued prior to departure as specified in OSU Travel Policies.
- Reimbursement was not requested within 90 days of return from trip.
- Other _____

Dean/VP or Designee Signature: _____ Date: _____

Certification (required for all reimbursements)

This form must be signed by the individual receiving the reimbursement; Designees are not acceptable.

I certify that the itemized expenses submitted are true to the best of my knowledge and that I have not been reimbursed or expect to be reimbursed for expenses associated with this trip except as shown above.

Signature: _____ Date: _____

Printed Name: _____

Authorizing Signature for Reimbursement Approval: _____ Date: _____

Printed Name: _____

Document Retention Information

This completed form and accompanying documentation must be retained by the area/department in accordance with the University's financial record retention schedule.