



# The Ohio State University Travel Reimbursement Worksheet

"T" Number \_\_\_\_\_

Chartfield: (for after-the-fact travel entry)  
Org: \_\_\_\_\_ Fund: \_\_\_\_\_ Account: \_\_\_\_\_

**INSTRUCTIONS:**

- This worksheet is an optional internal departmental form for Travel System users and travelers to assist in processing a reimbursement.
- The traveler is required to complete and sign the system-generated reimbursement.

**TRAVELER AND TRIP INFORMATION:** Date and return times are required.

Traveler Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Affiliation:  Faculty / Staff - Employee ID \_\_\_\_\_  Student  Non-University  
 Departure Site: \_\_\_\_\_  
 Destination Site(s): \_\_\_\_\_ Depart Date: \_\_\_\_\_ Depart Time: \_\_\_\_\_ AM / PM  
 \_\_\_\_\_ Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_ AM / PM  
 Business Purpose of Trip: \_\_\_\_\_

**REIMBURSABLE EXPENSES**

Transportation:	Reimbursement Amount	Purchasing Card and/or Travel Card Purchase	Reimbursed/Paid by External Third Party
Airline: _____	\$ _____	\$ _____	\$ _____
Rental Car Agency: _____	\$ _____	\$ _____	\$ _____
Personal Vehicle: _____ whole miles @ \$0. _____ per mile =	\$ _____	\$ NOT APPLICABLE	\$ _____
Alternate Mode: Rail & ferry only. Taxis and shuttles in "Other".	\$ _____	\$ _____	\$ _____
Conference Registration:	\$ _____	\$ _____	\$ _____
Hotel: Itemize expenses below.	\$ _____	\$ _____	\$ _____
Per Diem: Depart: _____ AM/PM Return: _____ AM/PM	\$ _____	\$ NOT APPLICABLE	\$ _____
Other: Itemize expenses below.	\$ _____	\$ _____	\$ _____
<b>Total Expenses:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Lodging and Meal Itemization** – Lodging costs only to include nightly rate and taxes. Receipts not required if per diem is paid for meals. 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)
		Reimbursement	Purchasing Card and/or Travel Card	
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Enter Totals above:		\$	\$	\$

"Other" (taxi / shuttle, rental car gasoline, etc.)

Date	Location (city, state or country)	Description	Amount	
			Reimbursement	Purchasing Card and/or Travel Card
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Enter Totals above:			\$	\$