

# TRAVEL REQUEST FORM

*(Prior to Out-Of-State Travel)*

Date: \_\_\_\_\_

T#: \_\_\_\_\_  
(Lisa to fill in)

Please attach documentation to validate registration and conference information, airfare comparisons and designated hotel costs. Prepaid conference fees must have a signed form stating the organization will issue a refund if the conference is cancelled. This form must be submitted, with documentation, at least 6 weeks prior to the travel/conference to Lisa Herndon, 439 Willard Hall. Late requests may not be approved in time for full reimbursement.

<b>Name:</b>		<b>CWID:</b>
<b>Home Address (include city, state, zip):</b>		
<b>Position Title:</b>		<b>Email:</b>
<b>Destination (city, state):</b>		<b>Cell Phone:</b>
<b>Purpose of Trip/Nature of Official Business:</b>		
<b>Departure &amp; Return Date/Times:</b>		<b>Meeting Date/Times:</b>
<b>State Employee:</b> YES NO	<b>OSU Vehicle:</b> YES NO	<b>License Tag #:</b>
<b>FUNDING LIMIT ON TRAVEL:</b> YES NO If YES, how much?-	<b>STUDENT AWARD:</b> YES NO If YES, how much?-	
<b>ESTIMATED EXPENSES</b>	<b>Account Name &amp; Number:</b> Student Affairs Personal PD Account # _____ HCCP Recruiting Other Account # _____	
<i>*Lodging:</i>	\$	Hotel Name & Address: Single Room Rate: <b>Attach designated hotel estimates</b>
<i>*Airfare:</i>	\$	If OSU prepays airfare, no airfare estimates are needed. If traveler intends to pay airfare directly, <b>attach printout of flight estimate</b>
<i>Transportation:</i>	\$	Estimate Uber, Taxi or other local transportation. (tip reimbursement is limited to 20%)
<i>*Registration:</i>	\$	Name of Organization: <b>Attach conference information to include agenda, meals provided &amp; cost. If seeking pre-payment, please attach conference refund form.</b>
<i>Parking:</i>	\$	Estimate
<i>Miscellaneous:</i>	\$	Estimate a moderate amount for incidentals, including baggage.
<i>Per Diem:</i>	Lisa will complete	
<b>GRAND TOTAL:</b>		<b>+ per diem</b>

**\*Please attach documentation to back up your estimates. Any travel that exceeds the estimated budget will be rejected by Accounting or Finance until a valid rationale is provided.**

***Please complete back side of this form to show class coverage.***

**List classes missed and how they will be covered. If no classes are missed, indicate N/A below.**

<b>Course Number</b>	<b>Day/Time</b>	<b>Coverage</b>
1.		
2.		
3.		
4.		

*(Please list specific classes (prefix/course#/day/time) – dismissing class is not an alternative.)*