The Ohio State University
Post-Trip Worksheet (eTravel System)

- This worksheet is an optional tool that may be used to help organize a traveler's post-trip reimbursement and subsequent entry into the eTravel System.
- The fields below permit hand-written or keyed entry by the user (see http://controller.osu.edu/forms/forms.shtm#travel for electronic version).
- Additional details/instructions may be included in the free form field on page 2.

TRAVELER INFORMATION

Traveler Name:		T#:	
Affiliation:	☐ Faculty/Staff →	Employee ID:	
	☐ Student or ☐ Non-University →	*Vendor ID:	
	Email:	Phone:	
	Mailing Address:		

*Vendor maintenance can be entered at the Payment Request (AP Compliance Form may be applicable for entry)

BUSINESS PURPOSE

ACTUAL TRAVEL DATES & LOCATIONS (see page 2 to add additional date/destination detail)

Departure Date:		Departure Time:	
Return Date:		Return Time:	
Departure City/State/Country:			
Destination City/State/Country:	Destination 1		
	Destination 2		

EXPENSE DETAILS (see page 2 to add additional expense detail)

Transportation (Airfare – NOT PREPAID)		Other	
Transportation (Other)		Other	
Meals		Other	
Lodging		Other	
Registration		Other	

Expense Total	
Trip Maximum (if applicable)	

CHARTFIELD INFORMATION

Amount	BU GL	Org	Fund	Account	Project	Program	User Defined

ALTERNATE EXPENSE PAYMENTS (PCard, Purchase Order and/or External Third Party)

Method:	Description:	
Method:	Description:	
Method:	Description:	
Method:	Description:	

Alternate Expense Total	

CASH ADVANCE RECONCILIATION (as applicable)

1. Amount of Cash Advance issued to Traveler:

	Expense	Receipt Submitted	Expensed Amount	
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		

2. Total of expenses drawn from Cash Advance:	
If line 1 is larger than line 2, the traveler must remit unused portion of the Cash Advance in the form of a check or money order. Enter the unused amount in the field to the right and attach original receipt documentation.	
If line 2 is larger than line 1, enter the amount paid by the traveler in the field to the right with personal funds and process for reimbursement.	

ADDITIONAL DETAILS / INSTRUCTIONS (optional)

APPROVAL (optional – this section should be used as deemed necessary by the using department)

Approval Signature:		Date:	

Note: This worksheet should not be used/signed in lieu of the Reimbursement Form generated in the eTravel system.