THE OHIO STATE UNIVERSITY

Procurement Shared Service Center Post-trip Expense Report

T-Number:

Destinations:

Departure Date: Departure Time:

Traveler name:

Trip name (optional):

Return Date: Return Time:

Travel Cost Summary	Total
Reimbursement Total	PreTrip Travel Estimate
PCard/GET card Total	
Cash Adv. Exp. Total	Under/Over Pretrip Percentage Over Pretrip
Prepaid Exp. Total	

Expense Detail

Type	Amount to be Reimbursed	PCard/GET Card	Prepaid Expense	Notes
Meals (From Table Below)				
Airfare				
Registration				
Lodging				
Internet				
Transportation				
- Rental Car				
- Fuel				
- Mileage: # of Miles: @	/mile			
- Taxi				
- Shuttle				
- Other				
- Parking				
- Tolls				
Business Meals				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
TOTAL				

Meal Expense Detail   Per Diem Total

Indicate for each meal for each day if the traveler should be reimbursed for per diem or actual meal expenses ((y)es or (n)o) or a business meal (BM) by using the drop down boxes. If the traveler is being reimbursed for per diem or actual meal expenses other than business meals, you may indicate the amount in the box provided or leave it as $0.00 for the Service Center to complete.

Date							
City							
Breakfast							
Lunch							
Dinner							
Total							

Date							
City							
Breakfast							
Lunch							
Dinner							
Total							

If per diem requests conflicts with a meal offered by a conference, document the reason for requesting per diem:

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Traveler name:
Trip name
(optional):

Chartfield (if different from approved travel request)

Amount $/%	BU GL	Org	Fund	Account	Project	Program	User Defined

Additional Chartfield Information/Instructions
Please provide any additional instructions or information the traveler feels is necessary.

Cash Advance Reconciliation

Please use the following table to document your cash advance reconciliation and attach all receipts. If there are more receipts than space, please document the traveler's receipts on a separate spreadsheet as an attachment and include the total below.

1. Amount of Cash Advance Issued to the Traveler			
	EXPENSE TYPE	RECEIPT ATTACHED	AMOUNT
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
2. Total of expenses drawn from cash advance			
3. Balance			

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. Costs that exceed the cash advance amount should be included for reimbursement in the expense detail section on page one of this form.

Additional Information/Instructions (please provide any additional information/instructions the traveler feels is necessary)

Third Party Payment   Total

Please use the following table to document any third party payments paid for this trip. This includes any travel expenses that have been or will be reimbursed to the traveler by a third party or any expense that is paid directly by a third party.

EXPENSE TYPE	PAYEE		AMOUNT

For instructions on filling out this form, please go to: http://u.osu.edu/pssc/procurement-processes/travel/ and look for the travel expense template instructions.