T · H · E
OHIO STATE UNIVERSITY **COLLEGE OF ENGINEERING**

T#: _____ **Traveler Name:** _____

Departure Date/Time: _____ **Return Date/Time:** _____

RECEIPTS ENCLOSED (please check appropriate boxes):
(Original, itemized receipts showing payment required)

☐ Airfare $_____ ☐ Conference Registration Fees $_____

☐ Hotel $_____ ☐ Mileage Log **OR** Gas Receipts $_____

☐ Car Rental $_____

☐ Misc. Expenses over $50 each

MEALS (please choose one of the following)

Per Diem Reimbursement (Federal Fixed Rate)

Date	B	L	D
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

OR

Actual Meal Reimbursement (Not to Exceed Per Diem)

Date	B	L	D
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

For additional days, please attach supplemental documentation

MISCELLANEOUS EXPENSES UNDER $50.00 EACH (no receipt required)

Date	Amount	Item/Service Purchased	Business Purpose
ex. 1/1/11	*$40.00*	*Shuttle*	*Transportation from airport to hotel*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For additional expenses, please attach supplemental documentation. If needed, please attach additional comments or justification.