



THE OHIO STATE UNIVERSITY  
OFFICE OF ACADEMIC AFFAIRS/OFFICE OF RESEARCH  
REQUEST FOR REIMBURSEMENT OF TRAVEL EXPENSES

- 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.
- If you have any questions regarding the travel reimbursement process you may contact your OAA Service Center Travel Contact at the information below.

**Darline Wine 247-7359** [research.fiscalservice@admin.ohio-state.edu](mailto:research.fiscalservice@admin.ohio-state.edu)

- Once the form is completed, please send it along with scanned images of your receipts to the email address indicated above.

**TRAVELER & TRIP INFORMATION (Required Information)**

Traveler Name \_\_\_\_\_ Travel Number \_\_\_\_\_  
 Departure City \_\_\_\_\_ Departure Date \_\_\_\_\_ Departure Time \_\_\_\_\_  
 Destination City \_\_\_\_\_ Return Date \_\_\_\_\_ Return Time \_\_\_\_\_

**REIMBURSABLE EXPENSES**

Check all expenses that were not pre-paid by the university or purchased on a university credit card that you wish to be reimbursed for.

Airline Amount to Reimburse \_\_\_\_\_  
 Rental Car Amount to Reimburse \_\_\_\_\_  
 Taxi/Tolls Amount to Reimburse \_\_\_\_\_  
 Personal Vehicle Mileage Number of Miles \_\_\_\_\_ X 0.555 per mile = Amount to Reimburse \_\_\_\_\_  
 Gas Amount to Reimburse \_\_\_\_\_  
 Conference Registration Amount to Reimburse \_\_\_\_\_  
 Hotel Amount to Reimburse \_\_\_\_\_

**Meals (You cannot be reimbursed for meals provided at hotel/conference/airline)**

Date	City	Breakfast		Lunch		Dinner	
		Per Diem	Actual Cost	Per Diem	Actual Cost	Per Diem	Actual Cost
		Please Checkmark	\$	Please Checkmark	\$	Please Checkmark	\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$

Other Misc. Expenses Amount to Reimburse \_\_\_\_\_ Type of Expense \_\_\_\_\_

**OTHER PAYMENTS & SPECIAL HANDLING**

A cash advance was received for this trip Cash Advance Amount Received \_\_\_\_\_  
 Payments for costs associated with this trip was received from a third party Payment Amount Received \_\_\_\_\_  
 Payments for costs associated with this trip were made through a university Purchasing (GET/Travel) card or other alternate procurement method Payment Method Used (if known) \_\_\_\_\_  
 Travel Cost Type Paid (ex; airfare) \_\_\_\_\_  
 Special handling is required for this reimbursement (check applicable) Wire Transfer Foreign Draft Payment Non-Resident Alien Payment

**OTHER INFORMATION (Any helpful information so that your reimbursement can be expedited quickly)**

\_\_\_\_\_