

## Travel Reimbursement for those without Concur Access

<b>Guest Inform</b>	ation							
OSU ID#:	Affiliation to OSU:							
	(Incil	ide if known)						
Name				Em:	 Email			
Mailing Address			City		State	Zip Code		
Department (	Contact Name			Department Contact Email				
Travel Itinera	ıry							
Date Travel Be	egins:	Da	te Travel Ends:		One Way Trip	□ Rou	nd Trip $\Box$	
Travel from:				Т	ravel to:			
					non-traditional itineraries.			
Meals: Select	<b>either</b> Per Dien	n or Actual C	ost for each day	of travel				
			per diem for mea		/			
Per diem rates are f	lat rates that are p	re-determined b	y <b>GSA.</b> Per diem rat	es include a s	et amount for incidentals (	taxes, tips, fees);	this can vary based	
•			e at 75% of the locat		Breakfast	Lunah	Dinner	
Date	Breakfast  Claim First Da	Lunch v of Per Diem?	Dinner	Date	Y/N	Lunch Y/N	Dinner Y/N	
	Y/N	Y/N	Y/N		Y/N	Y/N	Y/N	
	Y/N	Y/N	Y/N		Y/N	Y/N	Y/N	
	Y/N	Y/N	Y/N		Y/N	Y/N	Y/N	
	Y/N	Y/N	Y/N		Y/N	Y/N	Y/N	
	Y/N	Y/N	Y/N		Y/N	Y/N	Y/N	
	Y/N	Y/N	Y/N		Y/N	Y/N	Y/N	
	Y/N	Y/N	Y/N		Y/N	Y/N	Y/N	
	Y/N	Y/N	Y/N		Claim Last Da	y of Per Diem?		
Travel & Expe	nse Office Us	e Only			Per D	iem Total:		
Claiming Meals	at Actual Cost							
If a meal is over \$25	5, or includes hostir	ng guests, a deta	iled receipt is require	d. Alcohol pu	urchased cannot be reimbu	rsed by OSU.		
Date Description of Meal/Vendor Meal Amount Date		Date	Date Description of Meal/Vendor Me		Meal Amount			
						-		
	<u> </u>				Meals at Actual C			

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Personal Ve	ehicle Mileage			
Date	Miles	Rate per Mile	Dollar Amount	
				IRS Private Vehicle Mileage Rates Jan. 1, 2023 - Present Rate: \$0.655/mile Jul. 1 - Dec. 31, 2022 Rate: \$0.625/mile Jan. 1 - Jun. 30, 2022 Rate: \$0.585/mile
	Personal Ve	ehicle Mileage Total:		

Other Travel Expenses				
Expense Type	Description	Date from	Date to	Amount
Airfare				
Airfare				
Lodging & Tax				
Lodging & Tax				
Ground Transportation				
Ground Transportation				
Car Rental				
Car Rental				
Parking				
Parking				
Other (Specify)				
Other (Specify)				
	Oth	er Travel Expenses T	otal Amount:	

All claimed expenses over \$25.00 must be substantiated by a detailed receipt. Receipts should include: date of purchase, vendor name, details on what is purchased, and a total amount of the purchase.

Business Purpose					
Required on all submissions; attach supporting documents (receipts, flyers, agendas, maps, et cetera) as needed					
Index	Account Code	Activity Code	Amount		
Total Amount:					

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