

**Guest Information**

OSU ID#: \_\_\_\_\_  
(include if known)

Affiliation to OSU: \_\_\_\_\_

Name

Email

Mailing Address

City

State

Zip Code

Department Contact Name

Department Contact Email

**Travel Itinerary**

Date Travel Begins: \_\_\_\_\_ Date Travel Ends: \_\_\_\_\_ One Way Trip ☐ Round Trip ☐

Travel from: \_\_\_\_\_ Travel to: \_\_\_\_\_

*Please use Business Purpose section for more detailed or non-traditional itineraries.*
**Meals:** Select either Per Diem or Actual Cost for each day of travel

**Per Diem:** Mark either Yes or No if claiming per diem for meals each day

*Per diem rates are flat rates that are pre-determined by [GSA](#). Per diem rates include a set amount for incidentals (taxes, tips, fees); this can vary based on location of travel. First and last day of per diem are at 75% of the location rate.*

Date	Breakfast	Lunch	Dinner	Date	Breakfast	Lunch	Dinner
	<b>Claim First Day of Per Diem?</b>				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	Y/N	Y/N		<b>Claim Last Day of Per Diem?</b>		

**Travel & Expense Office Use Only**
**Per Diem Total:**
**Claiming Meals at Actual Cost**
*If a meal is over \$25, or includes hosting guests, a detailed receipt is required. Alcohol purchased cannot be reimbursed by OSU.*

Date	Description of Meal/Vendor	Meal Amount	Date	Description of Meal/Vendor	Meal Amount
<b>Meals at Actual Cost Total:</b>					



**for those without Concur Access**

**Personal Vehicle Mileage Total:**

**Other Travel Expenses Total 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.*

**Total Amount:**