

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 |
|------|-------------------------------------|-------|--------|------|------------------------------------|-------|--------|
| | Claim First Day of Per Diem? | | | | 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 | | Claim Last Day of Per Diem? | | |

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 |
|------------------------------------|----------------------------|-------------|------|----------------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Meals at Actual Cost Total: | | | | | |



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: