

Traveler Information

OSU ID#: _____
(include if known)

Affiliation to OSU: _____

Name _____

Email _____

Mailing Address _____

City _____ State _____ Zip Code _____

OSU Department Contact Name _____

OSU Department Contact Email _____

Travel Itinerary: Please use Business Purpose section for more detailed or non-traditional itineraries.

Date Travel Begins: _____

Date Travel Ends: _____

One Way Trip

Round Trip

Travel from: _____

Travel to: _____

Meals: Select either Per Diem or Actual Cost for each day of travel.

Date	Meal Per Diem	Actual Cost	Date	Meal Per Diem	Actual Cost	Meal Per Diem Explanation
	Claim First Day of Per Diem?			Breakfast		Per diem rates are flat rates that are pre-determined by GSA . They include a set amount for incidentals (taxes, tips, fees) and can vary based on location of travel. The first and last day of per diem are at 75% of the location rate.
				Lunch		
				Dinner		
	Breakfast			Breakfast		Select the check box for the date and meal. Our office will calculate the total of per diem for travel.
	Lunch			Lunch		
	Dinner			Dinner		
	Breakfast			Breakfast		
	Lunch			Lunch		
	Dinner			Dinner		
	Breakfast			Breakfast		
	Lunch			Lunch		
	Dinner			Dinner		
	Breakfast			Breakfast		Meals at Actual Cost Explanation
	Lunch			Lunch		
	Dinner			Dinner		
	Breakfast			Breakfast		Detailed receipts are required if meal is over \$25.00 or includes hosting guests. Alcohol purchased cannot be reimbursed by OSU.
	Lunch			Lunch		
	Dinner			Dinner		
	Breakfast			Breakfast		If claiming a meal at actual cost enter in the amount claimed for the date and meal.
	Lunch			Lunch		
	Dinner			Dinner		
Meals at Actual Cost Total:						
Travel & Expense Office Use Only						Per Diem Total:

Personal Vehicle Mileage

Date	Miles	Rate per Mile	Dollar Amount	IRS Private Vehicle Mileage Rates Jan. 1, 2025 – Present Rate: \$0.70/mile Jan. 1 – Dec. 31, 2024 Rate: \$0.67/mile Jan. 1 – Dec. 31, 2023 Rate: \$0.655/mile <i>If claiming mileage please include a map showing miles traveled. Mileage must be reasonable and economical.</i>
Personal Vehicle 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)				
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.

Business Purpose: Required on all submissions; attach supporting documents (receipts, flyers, agendas, maps, et cetera) as needed

Select a general business purpose from the drop-down menu:

Index	Account Code	Activity Code	Amount
Total Amount:			

For Use by Travel & Expense Office Only

Accountant: _____ Invoice #: _____

All non-employees must have an active vendor record to be reimbursed and may need to register as a vendor through a process which our office will initiate.

Banner BA Signature: _____
 BennyBuy Invoice Owner: _____

Please email completed form, receipts, and supporting documents to Travel@oregonstate.edu for processing.