

Traveler Information

OSU ID#: _____ Affiliation to OSU: _____
(include if known)

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		<i>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.</i> <i>Select the check box for the date and meal. Our office will calculate the total of per diem for travel.</i>
				Lunch		
				Dinner		
	Breakfast			Breakfast		
	Lunch			Lunch		
	Dinner			Dinner		
	Breakfast			Breakfast		
	Lunch			Lunch		
	Dinner			Dinner		
	Breakfast			Breakfast		
	Lunch			Lunch		
	Dinner			Dinner		
	Breakfast			Breakfast		Meals at Actual Cost Explanation <i>Detailed receipts are required if meal is over \$25.00 or includes hosting guests. Alcohol purchased cannot be reimbursed by OSU.</i> <i>If claiming a meal at actual cost enter in the amount claimed for the date and meal.</i>
	Lunch			Lunch		
	Dinner			Dinner		
	Breakfast			Breakfast		
	Lunch			Lunch		
	Dinner			Dinner		
	Breakfast			Breakfast		
	Lunch			Lunch		
	Dinner			Dinner		
	Breakfast			Claim Last Day of Per Diem?		
	Lunch					
	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 #: _____
<input type="checkbox"/> Banner	BA Signature: _____
<input type="checkbox"/> BennyBuy	Invoice Owner: _____

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.

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