

Travel Pre-Trip Worksheet

TRAVELER INFORMATION					
Name	Check one <input type="checkbox"/> Employee <input type="checkbox"/> Guest <input type="checkbox"/> Student			EMP ID#	
Departure Date and Time:		Return Date and Time:			
Destination (if multiple, please include all travel destinations)					
Business Purpose of Trip: (please include a complete description and provide the following support documentation)					
<input type="checkbox"/> Conference: A copy of the conference registration and agenda.			<input type="checkbox"/> Research: A detailed description of the research conducted and work dates.		
<input type="checkbox"/> Invited Speaker: A copy of the letter of invitation.			<input type="checkbox"/> Other: Please describe the business activity for each day reimbursement is requested.		
Funding Source	ORG	FUND	PROJECT	PROGRAM	USER DEF
WILL VACATION TIME BE USED IN CONJUNCTION WITH TRAVEL: YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, COMPLETE THE TRAVEL COMPARISON FORM					
Dates: (Please distinguish business travel dates from vacation/personal dates). _____					
NOTE: Travel expenses, such as lodging, rental car, airport parking, etc. will be pro-rated based on the provided dates.					
<input type="checkbox"/> A cost comparison has been provided for airfare showing the cost variances due to the addition of vacation/personal days.					
WILL YOU BE USING A PERSONAL VEHICLE FOR OUT-OF-STATE TRAVEL? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, COMPLETE THE TRAVEL COMPARISON FORM).					
<input type="checkbox"/> A cost comparison has been provided showing the cost savings of driving versus flying. The comparison should include total mileage, additional lodging, per diem, parking and gas.					
WILL YOU REQUEST PRE-PAYMENT OF ANY TRAVEL EXPENSES? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, COMPLETE THE SECTION BELOW AND ATTACH ADDITIONAL DOCUMENTATION)					
Please mark all that apply: Hotel <input type="checkbox"/> Airfare <input type="checkbox"/> Registration <input type="checkbox"/> Car Rental <input type="checkbox"/> Cash Advance <input type="checkbox"/> Amount \$ _____					
REIMBURSABLE EXPENSES (PLEASE MARK ALL THAT APPLY AND INCLUDE ESTIMATED AMOUNT)					
<input type="checkbox"/> Airfare \$ <input style="width: 100px;" type="text"/>		<input type="checkbox"/> Registration \$ <input style="width: 100px;" type="text"/>		<input type="checkbox"/> Lodging \$ <input style="width: 100px;" type="text"/>	
<input type="checkbox"/> Rental Car \$ <input style="width: 100px;" type="text"/>		<input type="checkbox"/> Meals \$ <input style="width: 100px;" type="text"/>		<input type="checkbox"/> Taxi \$ <input style="width: 100px;" type="text"/>	
<input type="checkbox"/> Parking \$ <input style="width: 100px;" type="text"/>		<input type="checkbox"/> Other \$ <input style="width: 100px;" type="text"/>		Total Trip Estimate: \$ <input style="width: 100px;" type="text"/>	
ADDITIONAL COMMENTS (PRE-TRAVEL):					
APPROVAL					
I certify that the business travel requested is actual and reasonable and that all expenses incurred and requested for reimbursement are for a valid OSU business purpose in accordance with University Policies.					
Signature (Traveler)			Date		