

CEM PRE-TRAVEL WORKSHEET

This form requires a **minimum of 3 business days' lead time prior to trip**

It should be used to provide trip detail and approval. **Travel policy requires pre-approval for all trips including estimated cost.**

Deviation from standard travel arrangements requires explanation with timely, **prior documentation comparing costs**. Please select & initial if applicable, indicating comparisons have been printed or saved to PDF. Note that OSU will reimburse only the most economical amount.

car rental or mileage reimbursement in place of airfare

_____ *initials*

personal time added to business travel (flight dates vary from business dates)

_____ *initials*

multi-city trips, or destinations outside of business purpose/OSU/"home"

_____ *initials*

GENERAL INFORMATION				
Traveler Name:	_____			
OSU Affiliation:	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> non-OSU
	City	State (or Country)	Date	Time
Departure Site:	_____	_____	_____	_____
Destination(s):	_____	_____	_____	_____
Return Site:	_____	_____	_____	_____

BUSINESS PURPOSE OF TRIP	Be as specific as possible. Avoid abbreviations.

ESTIMATED COST OF TRIP	List all expenses regardless of payment method.
Transportation (Air): _____	Other: _____
Transportation (Other): _____	Other: _____
Meals: _____	Other: _____
Lodging: _____	
Registration: _____	
Total Estimated Cost:	<input style="width: 150px; height: 20px;" type="text"/>
Additional Information	
Expense Description:	Additional Info (prepay through OSU preferred, third-party payment, deviation explanation, etc.)

CHARTFIELD INFORMATION						
ORG	FUND	PROJECT	PROGRAM	USER DEFINED	ESTIMATED \$ OR %	MAXIMUM \$

AUTHORIZATION	
By signing, I acknowledge that the business purpose and estimated expenses as written on this form are appropriate and authorized.	
Org Authorizer (print): _____	Date: _____
Org Authorizer Signature: _____	