

Office of Business Affairs



T# _	T#						JV#					I#			
NAME - as it appears in Banner					OSU ID						DEPARTMENT / OFFICIAL STATION				
ADDRESS TO SEND CHECK TO - as it appears in Banner:															
CITY/STATE/ZIP DEPT or BUSINESS CENTER CONTACT NAME & TELEPHONE NUMBER															
BUSINESS PURPOSE & DATES (travel benefit to OSU? Where, when, etc.) Travel Adv												Travel Advance	Issued		
	DEPAI	DEPART/			PRIVATE AUTO			MEALS							
DATE	ARRIVAL	TIME	ITIN	ERARY	N	1ILES	\$0.545	FULL DAY PER DIEM	BREAK	LUNCH	DINNER	LODGING	TOTAL		
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TOTAL MILES: SUB-TOTAL:															
DATE	OTHER E	XPENSE	S: TRANSPO	RTATION FARES	REGI	STRATION	N FEES, DOM	ESTIC LODGING	TAX, INTE	ERNET, BAG	GAGE FEE,	ETC.			
												SUB-TOTAL:			
												TOTAL:			
INDEX CODE ACCOUNT CODE ACTIVIT			ACTIVITY CO	CODE AMOUNT			INSTRUCTIONS:								
								1. CONFERENCE & NON-CONFERENCE LODGING CLAIMED OVER PER DIEM AMOUNT REQUIRES JUSTIFICATION.							
2. CONFERENCE LODGING REIMBURSEMENT - attach brochure showing location,										re showing location, dates	& lodging rates.				
3. Attach receipts with proof of payment.															
* Link to travel per diems: http://oregonstate.edu/dept/fa/businessaffairs/travel/tres/p										nessaffairs/travel/tres/per	<u>diem_us</u>				
I CERTIFY THE EXPENSE(S) ITEMIZED ABOVE HAS BEEN INCURRED IN THE PERFORMANCE THAT THE CHARGE THEREFORE IS JUST, AND THAT NO PART THEREOF HAS BEEN HERET								IES, I CERTIFY THAT THE EXPENSE(S) ITEMIZED APPOPRIATE EXPENDITURE. IT IS WITHIN N							
CLAIMANT'S SIGNATURE DATE:								BUDGET AUTHORITY'S APPROVAL DATE:							