

T# _____ JV# _____ I# _____

NAME - <i>as it appears in Banner</i>	OSU ID	DEPARTMENT / OFFICIAL STATION
ADDRESS TO SEND CHECK TO - as it appears in Banner:		
CITY/STATE/ZIP	DEPT <u>or</u> BUSINESS CENTER CONTACT NAME & TELEPHONE NUMBER	
BUSINESS PURPOSE & DATES - required on all submissions		Travel Advance Issued <input type="checkbox"/>

[illegible]

TOTAL MILES:

SUB-TOTAL:

DATE	OTHER EXPENSES: TRANSPORTATION FARES, REGISTRATION FEES, TELEPHONE CALLS, ETC.	

SUB-TOTAL:

TOTAL:

INDEX CODE	ACCOUNT CODE	ACTIVITY CODE	AMOUNT	INSTRUCTIONS:
				1. CONFERENCE & NON-CONFERENCE LODGING CLAIMED OVER PER DIEM AMOUNT REQUIRES JUSTIFICATION.
				2. CONFERENCE LODGING REIMBURSEMENT - attach brochure showing location, dates & lodging rates
				3. SEAT CLASS DEFINITION, if requesting airfare reimbursement _____
				4. THE REQUEST MUST BE SIGNED BY THE CLAIMANT AND THE BUDGET AUTHORITY - NO STAMPS OR FORGERIES
				5. CHECK WILL BE ISSUED TO CLAIMANT UNLESS IT IS APPLIED TO AN ADVANCE.
I CERTIFY THE EXPENSE(S) ITEMIZED ABOVE HAS BEEN INCURRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES, THAT THE CHARGE THEREFORE IS JUST, AND THAT NO PART THEREOF HAS BEEN HERETOFORE PAID.				I CERTIFY THAT THE EXPENSE(S) ITEMIZED ABOVE HAS BEEN REVIEWED AND IS AN ACCURATE, ALLOWABLE AND APPROPRIATE EXPENDITURE. IT IS WITHIN MY BUDGETARY AUTHORITY TO APPROVE THE ABOVE ENXPENSE(S)
CLAIMANT'S SIGNATURE - refer to #4 above			DATE:	BUDGET AUTHORITY'S APPROVAL - refer to #4 above
				DATE: