

**Vendor Information**

OSU Vendor ID \_\_\_\_\_ Traveler's Name \_\_\_\_\_ Department \_\_\_\_\_

**Business Purpose**

**Additional Information**

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_ Funding Source No E & G Except Earned and Start Up funds

**Travel Information**

**Per Diem Rates**

| City/Location | State/Country | Meals | Lodging | From  | To    |
|---------------|---------------|-------|---------|-------|-------|
| _____         | _____         | _____ | _____   | _____ | _____ |
| _____         | _____         | _____ | _____   | _____ | _____ |
| _____         | _____         | _____ | _____   | _____ | _____ |

**Estimated Costs to Index**

**Accounting**

|                             | \$ Amt | Index | Total \$ Amt |
|-----------------------------|--------|-------|--------------|
| <b>Transportation</b>       | _____  | _____ | _____        |
| <b>Meals</b>                | _____  | _____ | _____        |
| <b>Registration Fees</b>    | _____  | _____ | _____        |
| <b>Lodging</b>              | _____  | _____ | _____        |
| <b>Other</b>                | _____  | _____ | _____        |
| <b>Total Estimate Costs</b> | =====  |       |              |

Actv Code \_\_\_\_\_ \*NTE

Y

N

**\*NTE=Not To Exceed**

**Approvals/Signatures**

Dean, Director or Dept. Head's Approval: I certify that this trip is necessary and the required funds are available for expenditure.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Title (Chair/Dir) \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Title (Dean/Assoc Dean) \_\_\_\_\_ Date \_\_\_\_\_

Per Diem Tables:

[http://oregonstate.edu/fa/businessaffairs/travel/tres/per\\_diem\\_us](http://oregonstate.edu/fa/businessaffairs/travel/tres/per_diem_us)

[http://oregonstate.edu/fa/businessaffairs/travel/tres/per\\_diem\\_foreign](http://oregonstate.edu/fa/businessaffairs/travel/tres/per_diem_foreign)