

Traveler Information

OSU ID _____ Traveler's Name _____ School/Unit _____

Business Purpose – (Where are you going, why are you going, what are you doing there? How is this OSU job related?)
Additional Information
Travel Information

Departure Date _____ Return Date _____ Funding Source (No E & G Except Earned and Start Up funds) _____

City/Location	State/Country	Per Diem Rates		From	To
		Meals	Lodging		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Estimated Costs to Index
Accounting

	\$ Amount	Index	Total \$ Amt
Transportation	_____		
Meals	_____		
Registration Fees	_____		
Lodging	_____		
Other	_____		
Total Estimate Costs	<u>_____</u>		

Activity Code _____ *NTE Must choose
 Y
 N

***NTE=Not To Exceed**

Approvals/Signatures

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

Director Name _____ Director Signature _____ Date _____

CLA Representative Name _____ Signature _____ Title (Dean/Assoc Dean) _____ Date _____

Per Diem Tables:

<http://fa.oregonstate.edu/business-affairs>