

FACULTY / STAFF / STUDENT TRAVEL AUTHORIZATION FORM

Submit form to your Finance contact

Traveler's Name: _____ Email: _____

Home Department: _____ Interdisciplinary Program: _____

Requests travel reimbursement in connection with the following activity:

☐ Present Paper (give title)
 ☐ Attend Conference (identify)
 ☐ Virtual
 ☐ Other (please specify)
 ☐ Serve on Panel (identify)

Details:

at _____ from _____ to _____
(city) (state) (dates)

Estimated costs

Registration fee _____
 Personal auto @ Current Rate _____
 *Air (economy rate) _____
 *Room: _____
 *Meals: _____
 *Other: _____
 Total: _____
 Total Requested: _____

Proposed sources of funding

Home Dept. _____ \$ _____
 Acct# _____
 Authorized approval _____
 Interdisciplinary Program. _____ \$ _____
 Acct# _____
 Authorized approval _____
 Advisor _____ \$ _____
 Acct# _____
 Authorized approval _____
 College of Arts and Sciences _____ \$ _____
 Acct# _____
 Authorized approval _____
 Other _____ \$ _____
 Acct# _____
 Authorized approval _____

I agree to submit a travel expense report within 30 days of my travel.

Total \$ _____

(Signature of Traveler)

(date)

***Note: Travel must be booked through CBT/Concur.** See: www.ohio.edu/finance/travel for current meal, incidentals per diem rates, mileage allowances and general travel information including the Ohio University travel policy.

*****NOTE: TRAVELER MUST SUBMIT TRAVEL EXPENSE REPORT WITHIN 30 DAYS OF RETURN IN ORDER TO RECEIVE APPROVED FUNDING.**

Approved for reimbursement within College guidelines

(Deans Office, Arts & Sciences)

(date)