

TRAVEL REQUEST FORM
(REQUIRED FORM - Must Be Submitted Prior to Departure)

➤ **Rental Cars require PRE-APPROVAL.** Pre-approval requires that a detailed business purpose as to why you need to rent a car that includes your destination and dates of travel. Rental car pre-approval requests must be emailed to all of the following: howat.4@osu.edu (Ian Howat); deweese.4@osu.edu (Michael DeWeese); carstens.11@osu.edu (Jen Carstens); cook.942@osu.edu (Michele Cook); liming.1@osu.edu (Karen Liming); koch.266@osu.edu (Charmaine Koch)

Last name First name Employee ID # Project or Fund #

Departure City: _____ Destination City(s): _____

Departure DATE: _____ TIME: _____ am/pm Return DATE: _____ TIME: _____ am/pm

Travel Agency _____ _____ Check here if you purchased ticket

*** NEED receipts for EVERYTHING**

*** RECEIPTS MUST SHOW A ZERO BALANCE**

Airline ticket cost \$ _____

Rental car ➤ **SEE ABOVE** if you will be renting a car (USE only: National or Enterprise) \$ _____

Personal auto mileage cost: _____ miles x \$0._____/mile \$ _____

***Include map showing # of miles from departure point to destination**

***Must keep mileage and date log if driving to destination**

Total Per Diem (see www.gsa.gov/travel) (Meals \$ _____ and Lodging \$ _____) \$ _____

Miscellaneous costs (taxi, baggage fees, phone, incidentals, etc.) \$ _____

Registration fees/abstract fees \$ _____

*** Copy of Program or Agenda must be included with reimbursement request**

TOTAL ESTIMATED COST OF TRAVEL \$ _____

DETAILED BUSINESS PURPOSE (REQUIRED for all OSU travel):

(Name / address / telephone number)

TRAVELER SIGNATURE: _____ **Date:** _____

TRAVEL PRE-APPROVAL SIGNATURE: _____ **Date:** _____

Travel Cash Advance Request:

Staff & faculty can request a cash advance for overseas fieldwork ONLY/ Students can request for any travel.

Advance requested – can be for no more than 80% of meals and lodging cost ONLY

Total advance requested \$ _____

NOTE:

Side 1 MUST be COMPLETED by everyone traveling on OSU or OSURF funds

STAFF & STUDENTS MUST ALSO COMPLETE SIDE 2 FOR INTERNATIONAL TRAVEL

**THIS SIDE MUST ALSO BE COMPLETED FOR ALL INTERNATIONAL
TRAVEL/FIELDWORK**

Check list to be completed by all BPRC-paid employees (both staff and students):

I have personal medical insurance; please identify provider:

_____ Yes No

****I have obtained a physical examination prior to participating in this**

FIELD WORK to be conducted in _____
(destination)

Yes No N/A

****I have been informed by the field leader and/or P.I., and have a written**

briefing, on the possible hazards of this travel to _____
(destination)

Yes No

Upon reading this form and checking the space provided, I have been advised
to purchase emergency evacuation insurance prior to conducting
FIELD WORK related to this international travel.

Yes No

I have given the University contact telephone numbers (Byrd Center
614/292-6531; University Security Services 614/292-6677)
to my emergency contact.

Yes No

STUDENTS:

I acknowledge that I have filled out the forms to get the **mandatory** emergency evacuation insurance and
that the forms have been returned to Jen Carstens, carstens.11@osu.edu. This form can be found at
<https://oia.osu.edu/health-and-safety/traveler-insurance.html> under the "traveler insurance" tab or on the Byrd
Polar web site, research.bprc.osu.edu/policies/). Please contact Jen Carstens at 292-9909 or OSU Office of
International Affairs at 688-5482 with any questions on the insurance.

Yes No

**** There are 2 additional forms **REQUIRED** for INTERNATIONAL TRAVEL with a **FIELD WORK****
component. The (#1)Release & (#2)Disclosure forms can be found on the Byrd Polar web site,
research.bprc.osu.edu/policies/. PLEASE return completed forms to Jen Carstens, 108E Scott Hall
or email: carstens.11@osu.edu

***I have read the above and accept the responsibility of pursuing the implementation of any or all of
the above paragraphs***

Student Signature: _____ Date: _____

Emergency contact: Name _____ Telephone: _____

Approved for processing of Student International Travel:

Supervisor Signature: _____ Date: _____