SPEND AUTHORIZATION - 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); dewees.4@osu.edu (Michael DeWees); carson.7@osu.edu (Cathy Carson); cook.942@osu.edu (Michele Cook); liming.1@osu.edu (Karen Liming); koch.266@osu.edu (Charmaine Koch)

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<th>First name</th>
<th>Employee ID# &amp; D.O.B.</th>
<th>Grant or Fund #</th>
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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 (**Please attach preferred flights**) $ 0.00
Rental car ➢ SEE ABOVE if you will be renting a car (USE only: National or Enterprise) $ 0.00
Personal auto mileage cost: 0.00 miles x $ 0.56/mile $ 0.00

*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 $ 0.00 and Lodging $ 0.00 ) $ 0.00
Miscellaneous costs (taxis, baggage fees, phone, incidentals, etc.) $ 0.00
Registration fees/abstract fees $ 0.00

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

TOTAL ESTIMATED COST OF TRAVEL $ 0.00

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

Revised 11/03/2021
Check list to be completed by all BPCRC-paid employees (both staff and students):

I have personal medical insurance; please identify provider:  
_____________________________________________________

** 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 Charmaine Koch, koch.266@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, https://byrd.osu.edu/members/travel. Please contact Charmaine Koch at 614-292-6531 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, https://byrd.osu.edu/members/travel PLEASE return completed forms to Charmaine Koch or Cathy Carson, 108 Scott Hall.

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:___________________________