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); parson.19@osu.edu (Lawrence Parson); carson.7@osu.edu (Cathy Carson); cook.942@osu.edu (Michele Cook); liming.1@osu.edu (Karen Liming); koch.266@osu.edu (Charmaine Koch)

Last name First name
Employee ID & D.O.B. Grant 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 (**Please attach preferred flights**) $ 0.00

Rental car ➢ SEE ABOVE if you will be renting a car (USE only: National, Enterprise or Hertz) $ 0.00

Personal auto mileage cost: 0.00 miles x $0.655/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 (taxi, 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
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)

**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)

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.

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

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.

** 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: __________________________