

OSU Foundation Travel Reimbursement Worksheet

Traveler _____ Dept. Name _____ Dept.# _____ Date _____

Date	Itinerary/Purpose	56511 Auto Mileage	56511 Car Rental	56511 Gas	56511 Meals	56511 Lodging	56511 Airfare	56630 Hosted Meals	Acct. #	Other
Mileage x \$.485										
TOTALS:										

Page Total: _____

Approved: _____

Receipt Needed. Please tape receipts to an extra sheet of paper. List hosted guests. Attach copy of conference/event . **Rates effective 3/14/2007. Mileage** : \$.485 per mile except for courtesy cars - \$.24 per mile. Check with disbursements clerk for further information.