

THE OHIO STATE UNIVERSITY AT LIMA
TRAVEL REQUEST INFORMATION (Single Day)



Traveler's Name _____ Employee I.D.# _____
S.S.# _____
Travel Point _____

Estimated Departure _____ Estimated Return _____
Time Date Time Date

Personal Auto

_____ miles @ .55/.275 per mile \$ _____

Parking \$ _____ (need receipt)

Purpose of trip _____

_____ FORWARD TO _____ for approval
Traveler's Signature Supervisor's Signature

Checked campus vehicle availability ___Y___N _____
Approval Date

_____ Approved _____ Disapproved

I certify that the mileage expenses submitted are true to the best of my knowledge & I have not been reimbursed or expect to be reimbursed for mileage associated with this trip except as shown above.

Signature: _____ Printed Name: _____ Date: _____

THE OHIO STATE UNIVERSITY AT LIMA
TRAVEL REQUEST INFORMATION (Single Day)

Traveler's Name _____ Employee ID # _____
S.S.# _____

Travel Point _____

Estimated Departure _____ Estimated Return _____
Time Date Time Date

Personal Auto

_____ miles @ .55/.275 per mile \$ _____

Parking \$ _____ (need receipt)

Purpose of trip _____

_____ FORWARD TO _____ for approval
Traveler's Signature Supervisor's Signature

Checked campus vehicle availability ___Y___N _____
Approval Date

_____ Approved _____ Disapproved

I certify that the mileage expenses submitted are true to the best of my knowledge & I have not been reimbursed or expect to be reimbursed for mileage associated with this trip except as shown above.

Signature: _____ Printed Name: _____ Date: _____