

# Women's, Gender & Sexuality Studies Travel Reimbursement Worksheet

*Please include all documentation including itemized receipts with this form.*

## INSTRUCTIONS

**Submit original receipts to [elliott.255@osu.edu](mailto:elliott.255@osu.edu).** An approved Travel Number (T#) is required to process a reimbursement. Your receipts must be received prior to 90 days upon return for reimbursement.

## TRAVELER

Traveler Name: \_\_\_\_\_ Travel #: \_\_\_\_\_

Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

## EXPENSES FOR REIMBURSEMENT

Airfare \$ \_\_\_\_\_  Car Rental \$ \_\_\_\_\_  Mileage/Fuel \$ \_\_\_\_\_  
(Current mileage rate is \$.535/mile)

Hotel \$ \_\_\_\_\_  Conference Registration \$ \_\_\_\_\_

Meals or Per Diem  
Be sure to exclude continental breakfast and those covered by registration.  
Rates found online at [gsa.gov/perdiem](http://gsa.gov/perdiem).

Per Diem Reimbursement (federal fixed rate)

OR Actual Meal Reimbursement (not to exceed federal rate)

<i>Date</i>	<i>B</i>	<i>L</i>	<i>D</i>	
_____	□	□	□	\$ _____
_____	□	□	□	\$ _____
_____	□	□	□	\$ _____
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<i>Date</i>	<i>B</i>	<i>L</i>	<i>D</i>
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_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

\$ \_\_\_\_\_ Other Expense Define: \_\_\_\_\_  
*Baggage fees, parking, taxi, public transportation, etc.*

\$ \_\_\_\_\_ Other Expense Define: \_\_\_\_\_

\$ \_\_\_\_\_ Other Expense. Define: \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL REIMBURSEMENT**

**Notes and special Instructions:**