

## OSU Foundation Travel Reimbursement Worksheet

Traveler \_\_\_\_\_ Dept. Name \_\_\_\_\_ Dept.# \_\_\_\_\_ Date \_\_\_\_\_

Date	Itinerary/Purpose	56510 Auto Mileage Std Rate	56510 Auto Mileage Courtesy Car	56510 Airfare, Meals Lodging, Gas	56600 Public Relations	56605 Staff & OSUF Meetings	56570 Conferences and Training	56630 Donor Cultivation	Account Number	Amount
Std Mileage x \$.55    Courtesy Car Mileage x \$.240										
<b>TOTALS:</b>										

Page Total: \_\_\_\_\_

Approved: \_\_\_\_\_

**Receipt Needed.** Please tape receipts to an extra sheet of paper. List hosted guests. Attach copy of conference/event . **Rates effective 1/1/2009. Mileage:** \$.55 per mile except for courtesy cars - \$.24 per mile. Check with disbursements clerk for further information.