

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

Traveler's Name _____ Employee I.D.# _____

Travel Point _____

Estimated Departure _____ Estimated Return _____
Time Date Time Date

Personal Auto

_____ miles @ .575/.2875 per mile \$ _____

Parking \$ _____ (need receipt)

Purpose of trip _____

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

_____ Approved _____ Disapproved _____
Approval Date

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 _____

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