

TRAVEL EXPENSE LOG

NAME: _____ DEPARTURE FROM HOME, DATE & TIME: _____

DESTINATION: _____ ARRIVAL HOME, DATE & TIME: _____

RECEIPT REQUIREMENTS (For complete details, please refer to the OSU [Travel Policy](#).):

- Requests for reimbursement must be completed within 60 days after travel has ended. Please submit this form with your receipts to the MMI office as soon as possible after your return home.
- All receipts submitted must be originals. Receipts must be itemized and clearly indicate that the balance has been paid in full.
- Meals are reimbursed through per diem ([see rates here](#)). Therefore, you do not need to submit receipts for meals, except in special circumstances (such as entertaining, paying for group meals, etc., in which case please list the names and affiliations of those you paid for and provide justification for the expenditure).
- Overnight lodging is reimbursed based on actual receipts and must be within established per diem rates for the location. Noncommercial lodging (staying with friend/family) is reimbursed at \$25/night.
- Travel in personal vehicles is reimbursed through mileage at \$0.58/mile. Submit odometer readings or use city-to-city miles. Fuel in rented vehicles or MMI-owned trucks is reimbursed through gas receipts.

| | PER DIEM CLAIMED | | | Hotel (receipt) | Noncomm. lodging | OVERNIGHT LOCATION: CITY, STATE (REQUIRED): |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| | B'fast | Lunch | Dinner | | | |
| Date _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Date _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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| Date _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Date _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Date _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

PERSONAL MILEAGE (for multiple trips, please use a separate mileage log):

Date _____ From _____ To _____ (RT/OW)
 Starting odometer _____ Ending odometer _____ Miles _____

RECEIPTS/MATERIALS INCLUDED: Agenda/Program (REQUIRED) Airfare Luggage fees Hotel Car rental
 Rental car gas Parking Taxi/shuttle Supplies

NOTES/OTHER EXPENSES/"CLAIMING ONLY" TOTAL: _____

