



## Department of Psychology Travel Request Form

TO BE SUBMITTED **AT LEAST** TWO WEEKS IN ADVANCE OF TRIP

| Section I: General Information  |   |  |
|---|---|--|
| Traveler Name:  | <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> Staff/Post-Doc |  |
| Departure Date/Time:  | Return Date/Time:   |  |
| Departure City:   | Destination City:   |  |
| Conference Name:  |   |  |
| Conference Dates:   | Are you presenting? <input type="checkbox"/> Yes <input type="checkbox"/> No                              |  |
| If not attending conference, purpose of trip:   |   |  |
| Section II: Pre-Payment   |   |  |
| Are you requesting pre-payment for:   | Airfare?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
|   | Lodging?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
|   | Registration?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| <i>If you want these pre-paid, please provide your preferred itinerary, registration form, and/or lodging preferences</i> |   |  |
| <b>Note:</b> Airfare/lodging cannot be prepaid when vacation time is combined with business travel                        |   |  |
| Section III: Estimated Expenses   |   |  |
| Airfare:  | \$ _____  |  |
| Rental Car:   | \$ _____  | Agency: <input type="checkbox"/> Enterprise <input type="checkbox"/> National            |
|   | Justification for Need:   |  |
|   | <b>Note:</b> DW/CDW/LDW and liability insurance are required  |  |
| Personal Auto:  | Driving? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | <b>Note:</b> Mileage reimbursement is not to exceed cost of least expensive airfare                       |  |
| Registration  | \$ _____  |  |
| Per Diem:   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Hotel:  | \$ _____  | Is a conference rate available? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | <b>Note:</b> Not to exceed either the conference rate or 1.5 times the federal rate for travel location   |  |
|   | Are you sharing the hotel cost with anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | If yes, please provide name(s)/affiliation(s):  |  |
| Other:  | Taxi/Subway/Bus: \$ _____   | Tolls: \$ _____  |
|   | Parking: \$ _____   | Miscellaneous: \$ _____  |
| Additional Notes:   |   |  |
| Section IV: Funding   |   |  |
| Funds (enter desired chartfield):   |   |  |

**Faculty:** To use department travel funds, please included proof of presentation  
**Students:** Please provide funding approval documentation from your faculty advisor

Please submit completed form with necessary documentation to the main office (PS 225) or via email to [psych.service@osu.edu](mailto:psych.service@osu.edu) at least two weeks prior to trip departure.