

GENERAL INFORMATION

Traveler's Name _____ Telephone No. _____

Date of Departure _____ Destination City _____

Index No(s). _____ Date of Return _____

Purpose of Travel - (Attach conference/meeting brochure or provide the conference/meeting web site address):

TOTAL ESTIMATED COST OF TRIP

Transportation _____ Registration Fee(s) _____

Meals/Per Diem _____ Lodging _____

Other Expenses _____ Total Estimated Costs _____

Traveler's Signature _____ Date _____

AUTHORIZATION

PI's Signature _____ Printed Name _____ Date _____

Department Head Signature _____ Printed Name _____ Date _____

(Only Necessary for PI Travel)

ATTENTION: The EMT Dept requires a signed Travel Pre-Approval Form on file for all OSU-related travel (both instate and out-of-state).

A completed and signed Travel Preapproval Form must be submitted to the EMT Travel Coordinator before airfare authorization(s) can be completed and/or before meeting/conference registration(s) can be completed.