



Office of Minority Affairs Travel Request Review

Traveler Name: _____ Guest

Trip dates: _____ Destination: _____

OSU T# _____ OSURF T# _____

Date Reviewed: _____ Reviewer: _____

INFORMATION COMPLETENESS:

- Organization Contact Information
- Affiliation
 - If guest, substitute W-9 is provided
- Employee ID or SSN
- Departure/Destination City
- Departure/Return Dates
- Travel Purpose Listed
- Estimated Costs Completed including Pcard costs
- Chartfield Information
- Travel Pre-Payments Have Complete Information & are entered into system (or information is provided)
 - Yes
 - N/A
- Is Traveler a P-Card holder?
 - If Yes, State Tax Exemption provided to traveler?
 - No
- Supporting Documentation Included (conference agenda, leave form, etc.)
 - Yes
 - N/A
- Personal Time Taken?
 - Yes
 - No
- Received prior to travel
- Traveler Signature
- Authorizing approval (signature or email)