

The Ohio State University **Pre-Trip Worksheet (eTravel System)**

- This worksheet is an optional tool that may be used to help organize a traveler's pre-trip planning and subsequent entry into the eTravel System. Additional details/instructions may be included in the free form field on page 2.

TRAV	/ELER	INFORMAT	ΓΙΟΝ										
Traveler Name:							Travel Ty	/pe (as applicable):	☐ Gro	Group		Blanket	
Affiliati	on:	☐ Facul	ty/Staff		Employee ID:			Vendor ID:	ID:				
☐ Stude			ent <u>or</u> Non-University		Email:				Phone:				
BUSI	NESS	PURPOSE											
Funding Source (optional):													
TRAVEL LOCATIONS (see page 2 to add additional date/destination detail)													
Departure Date/Time: Return Date/Time:													
Departure City/State/Country:													
Destination City/State/Country: Destination 1													
Destination 2													
ESTIMATED COST DETAIL (see page 2 to add additional cost detail)													
	ortation		\$			Other			\$				
Transportation (Other)			\$			Other			\$				
Meals			\$			Third Party Payment			\$	\$			
Lodgin	g		\$			NOTE: Third Party Payment amount should be entered as a negative be deducted from total estimated cost.			in order to				
Registr	ration		\$			Total Estimate			d Cost				
							Trip Maximum (if appl						
TRAVEL CHARTFIELD DETAIL (see page 2 to add additional chartfield detail)													
BU GL		Org	Fund Account		Project			Max Amt	Percen	cent Est Am		t Amt	
								\$		%	\$		
								\$		%	\$		
PRE-	TRIP F	PAYMENTS	TO BE PRO	CESSED	N THE eTRA	VEL SYSTE	M (see page 2	to add additiona	l pre-trip pa	ayme	nt det	ail)	
*	Prepaid	d Airfare								•			
	\$ Agency Name:			e:	Record Loc			or:	(optional			ptional)	
			Ticket Name:										
Designation For Astronol Custom Entry Instructions. Enter details about the Designation for the Designation of the Designation													
Registration Fee (eTravel System Entry Instructions: Enter details shown below in the Payment Request) \$ Vendor ID:													
	\$ Vendor ID: Mail check Payee Name (check issued to):												
	Hold Check Payee Mailing Addres			•									
	T dyce Mailing Address.												
	Cash Advance (eTravel System Entry Instructions: Enter details shown below in the Payment Request)												
	Note: Traveler must sign the Cash Advance Form generate												
Eligibility Criteria:			Student Traveler Faculty/Staff International Trav						.1\				
	Faculty/Staff Student Group Advisor Eligibility Exception (Dean/VP approval) APPROVAL (optional – this section should be used as deemed necessary by the using department)												
			s section should	d be used as	deemed necessa	ary by the using	department)	5.					
Approval Signature: Date:													

ADDITIONAL DETAILS / INSTRUCTIONS (optional)									