



ERS TRAVEL REIMBURSEMENT REQUEST FORM

This form is **required** to be completed by non-employee travelers and employees who do not have Penn State Access ID, or any traveler who does not submit their own reimbursement request in ERS; it may also be used as an employee worksheet.

Form # _____
PSU ID _____

Trip Name _____
 Traveler's Name _____ Daytime Phone Number _____
 Mailing Address _____
 Business Purpose _____
 Notes: _____

DEPARTURE			ARRIVAL			# of Days
Location	Date	Time	Location	Date	Time	
Total						

Is Receipt Required?	Expense Type	Out of Pocket / Non P-Card Amount	P-Card Amount
Yes	Airfare		
No	Local Bus / Metro / Subway		
No	Mileage: _____ Miles @ _____ cents / mile		
Yes	Rental Car		
No	Tolls - No Receipts Required		
Yes	Local Transportation - Other (Receipts): Bus, Parking, Taxi/Shuttle, Train		
Yes	Lodging (from Attached Worksheet)		
No	Per Diem Meals (from Attached Worksheet)		
Yes	Group Meals		
Yes	OCONUS Actual Lodging		
Yes	OCONUS Actual Meals		
Yes	Visa / Passport		
No	Miscellaneous (Maximum \$5 per Day)		
Yes	Seminar / Conference Registration		
Yes	Other (Describe): Copying & Printing, Fax, Online Fees, Phone (Business Only)		
TOTAL			

Total Trip Cost (Cash and P-Card Amounts)	
Less Non-Reimbursable Cash Expenses	()
Less Non-Reimbursed P-Card Charges (Personal or Expenses on Per Diem)	()
Less Reimbursement Reduction	()
Total Requested Travel Reimbursement	
Less Cash Advance FO <input type="checkbox"/> Bursar <input type="checkbox"/>	()
Less Total P-Card Transactions from Above	()
* Estimated Amount Due to Traveler (or Returned to the University)	

* The per diem amounts are the maximum reimbursement allowance. The actual per diem reimbursement may be adjusted for single day or partial day travel.

Budget Number	Fund Number	Fund Name	Object Code	Cost Center/Project #	Amount

By submission of this expense form, I certify that: The expenses claimed as reimbursable on the form are a true and accurate accounting of the necessary business-related expenses incurred for this business trip and there are no items listed as reimbursable which relate to personal or unallowable expenses. I have not, and will not, be receiving reimbursement from any other source for expenditures claimed as reimbursable nor have any expenditures claimed as reimbursable been paid by another entity.

Signature _____ Date _____

LODGING WORKSHEET

Recurring Lodging Expenses

Location	Number of Nights	Room Rate	Tax	Total Recurring Lodging

OCONUS Per Diem Lodging Expense

Dates at Location	Location	Lodging Per Diem	Number of Nights	Total Per Diem

Private Residence Actual Expense (Employees Only)

Name	Address	Number of Nights	Total Amount (Max. \$25/Night)

TOTAL LODGING EXPENSE (Amount carried forward to Lodging Line on Page 1)	
---	--

PER DIEM MEALS WORKSHEET

Days with Full Meals Per Diem (Enter days with less than full per diem below)

Dates at Location	Location	Total Daily Per Diem	Number of Days	Total Per Diem

Indicate Meals to be Excluded

Date	Location	Meal Daily Per Diem	Incidental Daily Per Diem	Exclude All Meals	Exclude Breakfast	Exclude Lunch	Exclude Dinner	Total Per Diem
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* The actual per diem reimbursement may be adjusted based on Travel Policy Guidelines.

* ESTIMATED TOTAL MEAL PER DIEM (Amount carried forward to Per Diem Line on Page 1)	
--	--