



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 and it may be used as an employee worksheet.

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		
Yes	Train / Bus		
No	Local Transportation (Bus / Metro / Subway)		
Yes	Taxi / Shuttle / Limo		
Yes	Rental Car		
Yes	Fuel (Rental Car Only)		
Yes	Parking		
No	Tolls		
No	Mileage: _____ Miles @ _____ cents / mile = _____		
Yes	Lodging (from Attached Worksheet)		
No	Per Diem (from Attached Worksheet)		
Yes	Group Meals		
Yes	Seminar / Conference Registration		
Yes	Fax and Phone (Business Calls Only)		
Yes	Online Expenses		
No	Miscellaneous (Maximum \$5 per Day)		
Yes	Other (Specify)		
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)	()
Total Requested Travel Reimbursement	
Less Cash Advance FO <input type="checkbox"/> Bursar <input type="checkbox"/>	()
Less Total P-Card Transactions from Above	()
Amount Due to Traveler (or Returned to the University)	

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 these expenditures nor have any of these expenses already 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)	
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PER DIEM MEALS WORKSHEET

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

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

Indicate Meals to be Excluded

Date	Location	Daily Per Diem	Exclude All Meals	Exclude Only Breakfast	Exclude Only Lunch	Exclude Only Dinner	Per Diem Requested (75% for 1 or 2 Meals)
			<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"/>	

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