



Employee Travel Reimbursement Form

This form is required to be completed by Employees who are not using the ERS online travel system, or do not personally submit their own travel reimbursement using ERS.

Doc #: _____
 Traveler's Name _____ PSU ID _____
 Report Name _____ Daytime Phone # _____
 Business Purpose _____

Notes _____

DEPARTURE			ARRIVAL		
Location	Date	Time	Location	Date	Time

Was personal travel combined with this business trip? Yes ☐ No ☐ (If yes, please provide personal travel dates, below)
 Dates: _____

Receipt Required?	Expense Type	Out of Pocket Amount
Yes	Airfare: DBAF PCard Other Personal Funds (list amount)	
Yes	Other Long Distance Transportation: Bus /Trains	
No	Local Metro / Subway / City Bus / Tolls	
No	Mileage (if personal vehicle) _____ miles @ _____ cents/mile	
Yes	Rental Car: VRES PCard Personal Funds (list amount)	
Yes	Fuel (Rental Car Only)	
Yes	Taxi/Shuttle/Limo	
Yes	Parking	
Yes	Lodging (if OCONUS use attached sheet for calculation)	
No	Meal Per Diem (from attached sheet)	
Yes	Group Meals: PCard Personal Funds (list amount)	
Yes	Seminar/Conference Registration: PCard SRFC Personal Funds (list amount)	
No	Miscellaneous (Max. \$5 a day) – Please List: _____ _____	
Yes	Other (Please List): _____ _____ _____	
Total		

Less Reimbursement Reduction (if applicable)	()
Less Cash Advance: FO SRFC (doc #: _____)	()
Amount Due Traveler	

Distribution of Total Allowable Reimbursement (if known)

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 reimbursements from any other source for these expenditures nor have any of these expenses already been paid by another entity.

Traveler's Signature _____ Date _____

Other Signature (Budget Admin/Executive, Supervisor) _____ Date _____

Traveler's name: _____

Continental United States (CONUS) Worksheet

Private Residence Actual Expense (Employees on Travel Status Only)

Name	Address	Number of Nights	Total Amount (Max \$25/Night)
Total Lodging Expense (carry amount forward to Lodging line on page 1)			

Meal Per Diem Expense: abs.psu.edu/travelrates/CONUS/ (copy and paste URL in a new window/tab)

List each day that meals were provided for you on a separate line

Dates	Location	# of Days	Daily Meal Per Diem		Meals Provided by Host (Exclude)				Total Per Diem
			Meals	Incidental	All Meals	Break-fast 20%	Lunch 30%	Dinner 50%	
					<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 (carry amount forward to Per Diem line on page 1)									

Outside Continental United States (OCONUS) Worksheet

Per Diem Lodging Expense: abs.psu.edu/travelrates/OCONUS/ (copy and paste URL in a new window/tab)

Dates At Location	Location	Lodging Per Diem	Number of Nights	Total Per Diem
Total Lodging Expense (carry amount forward to Lodging line on page 1)				

Meal Per Diem Expense: abs.psu.edu/travelrates/OCONUS/ (copy and paste URL in a new window/tab)

List each day that meals were provided for you on a separate line

Dates	Location	# of Days	Daily Meal Per Diem		Meals Provided by Host (Exclude)				Total Per Diem
			Meals	Incidental	All Meals	Break-fast 20%	Lunch 30%	Dinner 50%	
					<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 (carry amount forward to Per Diem line on page 1)									

OCONUS actual expense reimbursement request require pre-approval and receipts/log.

Private Residence Actual Expense (Employees on Travel Status Only)

Name	Address	Number of Nights	Total Amount (Max \$25/Night)
Total Lodging Expense (carry amount forward to Lodging line on page 1)			