## PENNSTATE EMPLOYEE TRAVEL FORM/WORKSHEET FOR THE ERS SYSTEM

1) It must be completed by an employee who does not prepare their own ERS reimbursement expense report AND someone else submits the report (employee does not sign into ERS to review and submit report). In that case the employee must complete and SIGN this form and attach as backup for the ERS expense report.

2) This form may be used as a worksheet by an employee prior to preparing their own expense report in ERS or to give to a Delegate to enter the report. The employee will then sign into ERS and submit the report, so the worksheet does not need to be signed and attached as backup.

Amount

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Traveler's Name	Access/User	
Report Name	Daytime Phone #	
Description of Travel		
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Notes \_

This form has

two uses:

Departure			Arrival			
Location	Date	Time	Location Date			
Was personal travel combined with th	nis business trip	o?Yes 🗍	No 📋 (If yes, please provide p	ersonal travel of	dates below.)	

Dates:

			,	lount
Receipt Required?	Expense Type	PCard	PCard	Out of Pocket or Personal Credit Card
Yes	Airfare: (DBAF used? Yes No )			
Yes	Other Long Distance Transportation: Bus / Trains			
No	Local Metro / Subway / City Bus / Tolls			
No	Mileage (if personal vehicle) Miles @ cents per mile			
Yes	Rental Car: (VRES used? Yes No )			
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) See note at the bottom of Page 2			
Yes	Group Meals			
Yes	Seminar / Conference Registration			
No	Miscellaneous (Max. \$5 a day): Please List:			
Yes	Other (please list):			
	Estimated	Totals		
Less non-rein	nbursed P-Card charges (personal or expenses covered by per diem)		(	)
Less Reimbu	rsement Reduction		(	)
Less Cash Ac	dvance: FO SRFC (doc #: )		(	)

## \* Estimated Amount Due 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. 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 N	lame
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Name		Addr	ess			Number of Nights		Total Ar (Max \$25	
al Per Diem Expe	Total Lodging Expensionse: abs.psu.edu/travelrate							ote below	
The second second second	ala una ann ideal fan una a ann a		Daily	/ Meal	Меа	als Provid	led by Ho	st	1
List each day that me	als were provided for you on a separ	ate line	Per	Diem		(Exclu	ude) í		
List each day that me	Location	# of Days	Per <sup>*</sup> Meals	Diem Inci- dental	All Meals	(Exclu Break- fast 20%	ude) Lunch 30%	Dinner 50%	Total Pe Diem
,		# of	Per	Diem Inci-		(Exclu Break- fast	ude) Lunch	Dinner	
,		# of	Per	Diem Inci-		(Exclu Break- fast	ude) Lunch	Dinner	
,		# of	Per	Diem Inci-		(Exclu Break- fast	ude) Lunch	Dinner	

Outside Continental United States (OCONUS) Worksheet Per Diem Lodging Expense: abs.psu.edu/travelrates/OCONUS/ (type URL in a new window/tab or click on the link)							
Dates at Location	Location	Lodging Per Diem	Number of Nights	Total Per Diem			
	Total Lodging Expense (carry amount forw	ard to Lodging	line on page 1)				

Meal Per Diem Expense: abs.psu.edu/travelrates/OCONUS (type URL in a new window/tab or click on the link) See note below

List each day that me	als were provided for you on a separate	e line	Daily Per l	Meal Diem	Меа	als Provid (Exclu	led by Ho ude)	st	
Dates	Location	# of Days	Meals	Inci- dental	All Meals	Break- fast 20%	Lunch 30%	Dinner 50%	Total Per Diem
	Total Meal I	Per Diem	(carry amo	ount forwa	rd to Per	Diem line	on page '	1)	

OCONUS actual expense reimbursement request requires 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)						

Note: per diems in ERS are more precisely calculated than the GURU planning tool or this form, so your reimbursement amount may vary from the amounts calculated here.