



PennState

NON-EMPLOYEE TRAVEL REIMBURSEMENT FORM

This form is required to be completed by all non-employee travelers.

You must enter information where you see an "X"

☒ Traveler's Name _____
☒ Mailing Address This is where you want the check to be sent.
Include complete address (Apt. #, City, State, and Zip Code)
☒ Daytime Phone # _____
☒ E-mail Address _____
☒ Business Purpose Visit sponsor to discuss senior design project
and review project deliverables. Sponsor Company is: X
 Notes _____

☒ If Guest Travel Expenses are being paid, then residency status must be declared by Guest by checking the appropriate box:
☐ Guest is a United States Citizen: NEI form not required
☐ Guest is a Permanent Resident: NEI form required
☐ Guest is neither a United States Citizen nor a Permanent Resident: NEI form required, as well as all required documentation to authorize payment.

NEI form link:
<https://guru.psu.edu/forms/public/NonEmpInfoForm.pdf>
 Additional documentation requirements link:
<https://guru.psu.edu/tools/NRAPaymentGuidelines.html>

Departure			Arrival		
Location	Date	Time	Location	Date	Time
State College, PA	X	X	X	X	X
X	X	X	X	X	X
			State College, PA	X	X

Receipt Required?	Expense Type	Amount
Yes	Airfare (if paid with personal funds)	
Yes	Other Long Distance Transportation: Bus / Trains	
No	Local Metro / Subway / City Bus / Tolls	
No	Mileage (if personal vehicle) _____ Miles @ 62.5 cents per mile	\$ 0.00
Yes	Rental Car	
Yes	Fuel (rental car only) <i>Enter relevant information in this section of the form, if requesting actual gas receipt refer to the "Other" section below</i>	
Yes	Taxi / Shuttle / Limo	
Yes	Parking	
Yes	Lodging	
No	Meal Per Diem (from below)	\$ 0.00
Yes	Other (please list): <u>Requesting actual gas receipts</u>	<i>Enter amount here.</i>
Total		\$ 0.00
Travel Expenses Not Reimbursed by PSU		(\$ 0.00)
Amount Due Traveler *		\$ 0.00

In the table below, line 1 will automatically adjust to reflect the GSA 75% 1st Day of Travel Per Diem rate. Your last day of travel will be calculated in ERS to reflect the Last Day of Travel 75% Per Diem rate.

Dates	Location	# of Days	Daily Meal Per Diem		Meals Provided by Host (Exclude)				Total Per Diem
			Meals	Incidentals	All Meals	Breakfast	Lunch	Dinner	
		1							\$ 0.00
		1							\$ 0.00
		1							\$ 0.00
		1							\$ 0.00
		1							\$ 0.00
Total Meal Per Diem *									\$ 0.00

To determine the Daily Meal Per Diem rate see U.S. General Services Administration Per Diem - CONUS or Department of Defense - OCONUS

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 X

* NOTE: Per Diem rates in ERS are more precisely calculated than on this form.
 Your reimbursement amount may vary from the amount calculated here.

Office Use Only -- Distribution of Total Allowable Reimbursement

Report Name (for ERS) or Doc # (for IBIS): _____

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

Other Signature (Budget Admin / Executive, Supervisor) _____