

TRAVEL REIMBURSEMENT REQUEST

Travel Reimbursement request due to UFS no later than 60 days following the last date of travel

Name PSU ID Address E-mail Phone Title	Employee Official Station			
	<input type="checkbox"/> PSU Employee <input type="checkbox"/> Student <input type="checkbox"/> Other: _____			
	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">PSU Department</th> <th style="width:30%;">Contact Name</th> <th style="width:30%;">Phone No.</th> </tr> </table>	PSU Department	Contact Name	Phone No.
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Date Mm/dd/yy	Departure/ arrival time	Itinerary	Miles	\$0.54 Amt	Per Diem	Brkfst	Lunch	Dinner	Lodging	TOTAL
				0.000						0.000
				0.000						0.000
				0.000						0.000
				0.000						0.000
				0.000						0.000
				0.000						0.000
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				0.000						0.000
				0.000						0.000
				0.000						0.000
				0.000						0.000
Sub-Total										0.00

Date	OTHER EXPENSES: Transportation fares, registration fees, telephone calls, etc.	Amount
Travel Advance: Yes <input type="checkbox"/> No <input type="checkbox"/> Sub-Total:		0.00
GRAND TOTAL:		0.00

Index Code	Account Code	Activity Code	Project Code	Location Code	Payment Amount

BUSINESS PURPOSE (Required on all requests)

I certify that the expenses itemized above have been incurred in the performance of my official duties, and that the charges therefore are just and that no part thereof has been heretofore paid.

Claimant's Signature	Date
Department Approval	Date

I certify that the expenses itemized above have been reviewed by me and are accurate, allowable, and appropriate. It is within my budgetary authority to approve this expense report.

Print Name & Title – REQUIRED

Human Resources Use Only	University Financial Service Approval	Research & Strategic Partnerships (if Grant)
Overtime Meals for _____ (date)	Signature _____ Date _____	Signature _____ Date _____
Acct Code – 28502 Earn Code – FPR Amount: \$ _____	Print Name & Title - REQUIRED	Print Name & Title - REQUIRED