PennState
NON-EMPLOYEE TRAVEL REIMBURSEMENT FORM
This form is required to be completed by all non-employee travelers.

Traveler's Name _____

Mailing Address _____

_____

Daytime Phone # _____

E-mail Address _____

Business Purpose _____

_____

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**

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 @ _____ cents per mile	
Yes	Rental Car	
Yes	Fuel (rental car only)	
Yes	Taxi / Shuttle / Limo	
Yes	Parking	
Yes	Lodging	
No	Meal Per Diem (from below)	
Yes	Other (please list): _____	
	_____	
	Total	

Travel Expenses Not Reimbursed by PSU	( )
Amount Due Traveler *	

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	**Inci-dentals**	**All Meals**	**Break-fast**	**Lunch**	**Dinner**	
		1			☐	☐	☐	☐	
					☐	☐	☐	☐	
					☐	☐	☐	☐	
					☐	☐	☐	☐	
					☐	☐	☐	☐	
					Total Meal Per Diem *				

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 _____

* 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) _____

Form Date: 10/2015