



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.

This form has two uses:

Traveler's Name _____ Access/User _____
 Report Name _____ Daytime Phone # _____
 Description of Travel _____

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	PCard	Amount	
			PCard	Out of Pocket or Personal Credit Card
Yes	Airfare: (DBAF used? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>		
Yes	Other Long Distance Transportation: Bus / Trains	<input type="checkbox"/>		
No	Local Metro / Subway / City Bus / Tolls	<input type="checkbox"/>		
No	Mileage (if personal vehicle) _____ Miles @ _____ cents per mile			
Yes	Rental Car: (VRES used? Yes <input type="checkbox"/> No <input type="checkbox"/>)	<input type="checkbox"/>		
Yes	Fuel (rental car only)	<input type="checkbox"/>		
Yes	Taxi / Shuttle / Limo	<input type="checkbox"/>		
Yes	Parking	<input type="checkbox"/>		
Yes	Lodging (if OCONUS, use attached sheet for calculation)	<input type="checkbox"/>		
No	Meal Per Diem (from attached sheet) See note at the bottom of Page 2	<input type="checkbox"/>		
Yes	Group Meals	<input type="checkbox"/>		
Yes	Seminar / Conference Registration	<input type="checkbox"/>		
No	Miscellaneous (Max. \$5 a day): Please List: _____ _____ _____			
Yes	Other (please list): _____ _____ _____			

Estimated Total	
Less non-reimbursed P-Card charges (personal or expenses covered by per diem)	()
Less Reimbursement Reduction	()
Less Cash Advance: FO <input type="checkbox"/> SRFC <input type="checkbox"/> (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 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 (type URL in a new window/tab or click link) [See note below](#)

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	Inci-dental	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"/>	
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/ (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 forward 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 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	Inci-dental	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"/>	
Total Meal Per Diem (carry amount forward 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.