



Non-Employee Travel Reimbursement Form

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

VISIT form required <http://uru/formpublic/VisitorsInformationSheet.pdf>

E-mail Address: _____

Traveler's name _____ Daytime Phone # _____

Mailing Address _____

Business Purpose _____

Notes _____

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/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	

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	Lunch	Dinner	
					<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									

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 _____

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) _____ Date _____