



ERS TRAVEL REIMBURSEMENT CHECKLIST - CONUS

Traveler's Name _____ Access/User _____
 Description of Travel _____

Were any expenses paid by a third-party? No Yes (provide details) _____

Conference or seminar - attach registration receipt unless PREPAID (SRFC or PCard)
 Please attach conference or seminar agenda if available.

Travel Advance <input type="checkbox"/>
Amount \$ _____

Itinerary Check if airline itinerary should be used

DEPARTURE			ARRIVAL		
Location	Date	Time	Location	Date	Time

Combined with Personal Travel? No Yes (provide dates of personal travel) _____

Meals - In the grid below, mark with X if meal was provided.

Date	Breakfast	Lunch	Dinner

PCard Used for Individual Meals? No Yes. If so, these will be marked as PCard Meal Expense and deducted from reimbursement. Receipts are NOT required.

PCard Used for Group Meals? No Yes. If so, itemized receipt required. Indicate purpose and those attending and relationship to Penn State and attach receipts.

Voluntary reimbursement reduction: Adjust to actual meal cost of (per diem - actual = adjustment) \$ _____ or deduct \$ _____

Expenses Requiring Receipts

Cash PCard

Airfare - Attach priced itineraries with agent fees. (Attach comparison airfare if required)

Travel Arranger PCard Name _____

Bag Check Fees

Rental Car

Rental Car Fuel

Taxi / Shuttles - attach receipts including gratuity amounts.

Train or Bus (non-local)

Parking: \$ _____ Included in Lodging receipt detail (if yes, itemize lodging in ERS)

Lodging - Hotel / Motel Online Fees (if yes, itemize lodging in ERS)

If paid by pcard are any charges listed non-reimbursable? No Yes (Mark so on receipt)

Group Meals not paid on PCard - attach itemized receipt and detail on purpose and those attending.

Other: Provide detail, receipts and costs. (If no receipts, these items are covered by \$5 per day miscellaneous expense)

Expenses Not Requiring Receipts

Lodging at Personal Residence: Name: _____
 Address _____

\$ _____ (Max \$25 per day) Dates Stayed: _____

Personal Vehicle Mileage: Total Mileage: _____
 From _____ To _____ Return to: _____ or attach travel log

Tolls: \$ _____ Local Bus / Metro / Subway: \$ _____

Notes: _____

Miscellaneous Expense - \$5 per day Amount Claiming: \$ _____
 Provide detail on expenses incurred for which receipts are not available: _____

Account to Charge			
Budget	Fund	Cost Center	Amount