



## Employee Travel ERS Worksheet

This form is required to be completed by employees who do not prepare their own reimbursement requests using the ERS online travel system.

Traveler's name \_\_\_\_\_ Access/User \_\_\_\_\_  
 Report Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Business Purpose \_\_\_\_\_

Notes \_\_\_\_\_

ITINERARY					
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 / Personal Credit Card
Yes	Airfare (DBAF used? Yes No )	<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/mile			
Yes	Rental Car (VRES used? Yes No )	<input type="checkbox"/>		
Yes	Fuel (Rental Car Only)	<input type="checkbox"/>		
Yes	Tax/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)	<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): _____ _____ _____			
<b>Estimated Total</b>				

Less non-reimbursed P-Card charges (personal or expenses covered by per diem)	( _____ )
Less Reimbursement Reduction	( _____ )
Less Cash Advance FO SRFC (Document #: _____)	( _____ )
<b>* Estimated Amount Due Traveler (or Returned to the University)</b>	

\* 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

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)
<b>Total Lodging Expense (Add amount to Lodging line on page 1)</b>			

**Meal Per Diem Expense:** [abs.psu.edu/travelrates/CONUS](http://abs.psu.edu/travelrates/CONUS) (type URL in a new window/tab or click link)

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"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total Meal Per Diem (carry amount forward to Per Diem line on page 1)</b>									

### Outside Continental United States (OCONUS) Worksheet

**Per Diem Lodging Expense:** [abs.psu.edu/travelrates/OCONUS/](http://abs.psu.edu/travelrates/OCONUS/) (type URL in a new window/tab or click the link)

Dates At Location	Location	Lodging Per Diem	Number of Nights	Total Per Diem
<b>Total Lodging Expense (Add amount to Lodging line on page 1)</b>				

**Meal Per Diem Expense:** [abs.psu.edu/travelrates/OCONUS/](http://abs.psu.edu/travelrates/OCONUS/) (type URL in new window/tab or click link)

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"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total Meal Per Diem (carry amount forward to Per Diem line on page 1)</b>									

**OCONUS actual expense reimbursement request require pre-approval and receipts/log.**

**Private Residence Actual Expense (Employees on Travel Status Only)**

Name	Address	Number of Nights	Total Amount (Max \$25/Night)
<b>Total Lodging Expense (carry amount forward to Lodging line on page 1)</b>			