

## TRAVEL REIMBURSEMENT REQUEST

\*Travel reimbursement request due to BAO no later than 60 days following the last date of travel\*

<b>Name</b> <b>PSU ID</b> <b>Address</b>	<b>Employee Official Station</b>						
<b>Title</b>	<input type="checkbox"/> PSU Employee <input type="checkbox"/> Student <input type="checkbox"/> Other: _____						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">PSU Department</th> <th style="width: 33%;">Contact Name</th> <th style="width: 33%;">Phone No.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PSU Department	Contact Name	Phone No.			
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Date Mm/dd/yy	Departure/ arrival time	Itinerary	Miles	\$0.51 Amt	Per Diem	Brkfst	Lunch	Dinner	Lodging	TOTAL
<b>Sub-Total</b>										

Date	OTHER EXPENSES: Transportation fares, registration fees, telephone calls, etc.	Amount
<b>Travel Advance: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		<b>Sub-Total:</b>
<b>GRAND TOTAL:</b>		

Index Code	Account Code	Activity Code	Payment Amount	Index Code	Account Code	Activity Code	Payment Amount

**BUSINESS PURPOSE (Required on all requests)**

I certify that the expenses itemized above have been incurred in the performance of my official duties, and that the charges therefore are just and that no part thereof has been heretofore paid.

\_\_\_\_\_  
Claimant's Signature Date

I certify that the expenses itemized above have been reviewed by me and are accurate, allowable, and appropriate. It is within my budgetary authority to approve this expense report.

\_\_\_\_\_  
Department Approval Date

Print Name & Title - REQUIRED

Human Resources Use Only	Business Office Approval	Research Accounting Approval (if Grant)
Overtime Meals for _____ (date) Acct Code – 28502 Earn Code – FPR Amount: \$ _____	Signature _____ Date _____ Print Name & Title - <b>REQUIRED</b> _____	Signature _____ Date _____ Print Name & Title - <b>REQUIRED</b> _____