Portland State UNIVERSITY

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TRAVEL REIMBURSEMENT REQUEST for Non-PSU Employee ONLY

Travel Reimbursement request due to UFS no later than 60 days following the last date of travel

Name **PSU ID** **Address** **E-mail** **Phone**	

First Time Being Paid by PSU?
Please complete the W9 form. Fax, with cover sheet, to 503-725-3400. This is a secure fax line.
Question?
Please contact travel@pdx.edu

Contact Name	Contact Phone No.

Date Mm/dd/yy	Departure/ arrival time	Itinerary	Miles	$0.5750 Amt	Per Diem	Brkfst	Lunch	Dinner	Lodging	TOTAL
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
									Sub-Total	0.00

Date	OTHER EXPENSES: Transportation fares, registration fees, telephone calls, etc.	Amount

Travel Advance: Yes ☐ **No** ☐ **Sub-Total:** 0.00

GRAND TOTAL: 0.00

Index Code	Account Code	Activity Code	Project Code	Location 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	University Financial Service Approval	Research &Strategic Partnerships (if Grant)
Overtime Meals for _____ (date) Acct Code – 28502 Earn Code – FPR Amount: $_____	Signature Date Print Name & Title - **REQUIRED**	Signature Date Print Name & Title - **REQUIRED**