

## 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