



NON-EMPLOYEE TRAVEL REIMBURSEMENT FORM

This form is required to be completed by all non-employee travelers.

Traveler's Name _____
 Mailing Address _____

 Daytime Phone # _____
 E-mail Address _____
 Business Purpose _____

 Notes _____

If Guest Travel Expenses are being paid, then residency status must be declared by Guest by checking the appropriate box:

- Guest is a United States Citizen: NEI form not required
- Guest is a Permanent Resident: NEI form required
- Guest is neither a United States Citizen nor a Permanent Resident: NEI form required, as well as all required documentation to authorize payment.

NEI form link:
<https://guru.psu.edu/forms/public/NonEmpInfoForm.pdf>
Additional documentation requirements link:
<https://guru.psu.edu/tools/NRAPaymentGuidelines.html>

Departure			Arrival		
Location	Date	Time	Location	Date	Time

Receipt Required?	Expense Type	Amount
Yes	Airfare (if paid with personal funds)	
Yes	Other Long Distance Transportation: Bus / Trains	
No	Local Metro / Subway / City Bus / Tolls	
No	Mileage (if personal vehicle) _____ Miles @ _____ cents per mile	\$ 0.00
Yes	Rental Car	
Yes	Fuel (rental car only)	
Yes	Taxi / Shuttle / Limo	
Yes	Parking	
Yes	Lodging	
No	Meal Per Diem (from below)	\$ 0.00
Yes	Other (please list): _____ _____ _____	
Total		\$ 0.00

Travel Expenses Not Reimbursed by PSU	()
Amount Due Traveler	\$ 0.00

Dates	Location	# of Days	Daily Meal Per Diem		Meals Provided by Host (Exclude)			Total Per Diem
			Meals	Inci-dentals	All Meals	Break-fast	Lunch	
		1						\$ 0.00
		1						\$ 0.00
		1						\$ 0.00
		1						\$ 0.00
		1						\$ 0.00
Total Meal Per Diem								\$ 0.00

To determine the Daily Meal Per Diem rate see: [U.S. General Services Administration Per Diem Rates - CONUS](#) or [Department of Defense - OCONUS](#)

By submission of this expense form, I certify that: The expenses claimed as reimbursable on the form are a true and accurate accounting of the necessary business-related expenses incurred for this business trip; and there are no items listed as reimbursable which relate to personal or unallowable expenses. I have not, and will not be receiving reimbursements from any other source for these expenditures nor have any of these expenses already been paid by another entity.

Traveler's Signature _____ Date _____

Office Use Only -- Distribution of Total Allowable Reimbursement

Report Name (for ERS) or Doc # (for IBIS): _____

Budget Number	Fund Number	Fund Name	Object Code	Cost Center / Project #	Amount

Other Signature (Budget Admin / Executive, Supervisor) _____