PENNSTATE

THE PENNSYLVANIA STATE UNIVERSITY - TRAVEL SUPPORT FORM

SRFC Document #	*

Purpose: This form is used to summarize the expenditures incurred for your recent trip involving University business. Attach receipts as appropriate and sign the form, attesting to its accuracy. This provides support for an IBIS SRFC. (If foreign national, check with Payroll or Human Resources that the proper visa is being used by the visitor to permit reimbursement before committing to the expense.) An SRFC is not required if Direct Billed Expenses are the only expenses being settled. Any amount owed the employee will be reimbursed via direct deposit.

Traveler's name _____ Soc Sec # (employees only) _____ - _____ - _____

Purpose of trip: _____

Itinerary: From: _____ To: _____ To: _____ To: _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Direct Billed Expenses: Air / Rail Yes ☐ No ☐ **(Check one. If Yes, attach receipts.)**

Was a Fleet vehicle used: Yes ☐ No ☐ **(Check one.)**

Prepaid Registrations: Yes ☐ No ☐ **(Check one.)**

DBAF #	*

***SRFC and DBAF boxes above are to be completed by department**

BUSINESS RELATED TRAVEL EXPENSES (not direct billed):   <u>Amount</u>

    Out-of-Country (O-CONUS) Travel: (Attach Per Diem Worksheet.)…..…………………………………… $_____

    Domestic (CONUS) Travel:

    Privately-owned auto miles: _____@ __36__ cents/mile: (per Policy TR04) .... _____

    Car rental: (attach receipts) .... _____

    Lodging: # of nights _____ (Attach receipts.) .... _____

    Registration paid by you: (Attach receipt if over $50.) .... _____

    Meals: # of breakfasts _____ ; # of lunches _____ ; # of dinners _____   Total Meals Cost .... _____

    Ground Transportation: _____ _____

    Non Direct-Billed Air/Rail Travel (Amount paid by you — attach receipts.) .... _____

    Other: (please list) _____ _____

    _____ _____

    _____ _____

    TOTAL BUSINESS-RELATED TRAVEL EXPENSES: .... $_____

        LESS AMOUNT NOT REIMBURSED: (If total above exceeds amount agreed to by Budget Executive.) .... (_____)

    TOTAL REQUESTED TRAVEL REIMBURSEMENT: (Amount to be charged to the University.) .... $_____

        LESS ANY TRAVEL ADVANCE: ....(_____)

    AMOUNT TO BE REIMBURSED, OR TO BE (RETURNED TO THE UNIVERSITY) .... $_____

DISTRIBUTION (if known)

DEPARTMENT NUMBER	FUND NUMBER	FUND NAME	PROJECT NUMBER	AMOUNT
				$
			TOTAL	$

If any item is questioned or deemed to be inappropriate or excessive, there may be delays in the payment — you will be informed in such a case.

I acknowledge that the expenses hereon are a true and accurate accounting of actual expenditures incurred on the identified trip. There have not been, and will not be, reimbursements to me from any other source for these expenditures.

Signature: _____ Date: _____