MatSE Travel Reimbursement Form

**Traveler’s Name: Description of Travel:**

**Notes:**

**Email:**

\*\*\* Presentation/Poster Title If Applicable:

|  |  |
| --- | --- |
| **Departure** | **Arrival** |
| **Location** | **Date** | **Time** | **Location** | **Date** | **Time** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Was personal travel combined with this business trip?** Yes ☐ No ☐ (If ‘Yes’, please proved dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |  |  |  |
| --- | --- | --- | --- |
| **Receipt Req?** | **Expense Type** | **PCard** | **Out of Pocket or Personal Credit Card** |
| Yes | Airfare |  |  |
| Yes | Other Long Distance Transportation: Bus / Trains |  |  |
| No | Local Metro / Subway / City Bus / Tolls |  |  |
| No | Mileage Yes ☐ No ☐  |
| Yes | Rental Car (PSU fleet: Yes ☐ No ☐) |  |  |
| Yes | Fuel (rental car only) |  |  |
| Yes | Taxi / Shuttle / Limo |  |  |
| Yes | Parking |  |  |
| Yes | Lodging  |  |  |
| Yes | Seminar / Conference Registration |  |  |
| No | Miscellaneous - Max. $5 / day (Please List): Click or tap here to enter text. |  |  |
| Yes | Other (Please List): Click or tap here to enter text. |  |  |

**\*\*\*\*Meals: Mark below if a meal was provided.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Breakfast** | **Lunch** | **Dinner** |
|  | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ |

**Requesting Meal Per Diem?** Yes ☐ No ☐

**PCard Used for Individual Meals?** Yes ☐ No ☐

**PCard Used for Event Meals?** Yes ☐ No ☐

**Distribution of Total Allowable Reimbursement (if known)**

|  |  |
| --- | --- |
| **IO Number** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |

By submission of this expense form, I certify that: The expenses claimed as reimbursable on the form are 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 for by another entity.