

						uest Travel E	•	0 1	,	,	
					_	must be declared by Guest by checking the appropriate box:  Guest is a United States Citizen: NEI form not required					
Mailing Address			Guest is a Permanent Resident: NEI form required								
						Guest is neithe			•	ent Residen	
Daytime Phone #						NEI form requir					
E-mail Address					<del>_</del>	payment.	,				
Business Purpose					-	NEI form linl	17.				
Dualifeas i dipecs					_	https://guru.ps		public/NonF	EmpInfoForr	n.pdf	
Notes						Additional do https://guru.ps				html	
	Departure						Arrival	· · · · · · · · · · · · · · · · · · ·		11,111	
Locat	ion	Date	Time	,		Location		Dat	te	Time	
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				-							
Receipt Required	7			Expense	e Type				Α	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									
Yes	Rental Car	,					<u> </u>				
Yes	Fuel (rental car	r onlv)									
Yes	Taxi / Shuttle /										
Yes	Parking										
Yes	Lodging					-			$\overline{}$		
No	Meal Per Diem	(from below)									
Yes	Other (please I	·							_		
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						<del></del>	To				
No	= · · · · · · · · · · · · · · · · · · ·						10	tai			
Travel Expenses No	-	PSU				_/ _			(		
Amount Due Trave	_										
In the table below, line						W_L				_	
75% 1st Day of Travel I				Dai	Daily Meal Meals Provided by Host						
calculated in ERS to ref	lect the Last Day of	Travel /5% Per	Diem rate.	Pe	r Diem		(Excl	ude)			
Dates	Loca	tion	# of	Meals	Inci-	All	Break-	Lunch	Dinner	Total Pe	
Dates		tion	Days	Wicaio	dentals	S Meals	fast	Lunci.	Dinne.	Diem	
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To determine the Daily I		see U.S. Genera	al Services A	Administra	ition Per Die	m - CONUS	Total	l Meal Per	Diem *		
or Department of Defens		· · · ala	t is males	1 (615.6)	* C := 000					ماجاد	
By submission of this experience expenses incurred for this be											
reimbursements from any o								50. ( na. c	l, and vill	l bo rees.	
Traveler's Signature			_	_		Dat	te		_	_	
-	* NOTE: P	er Diem rates in	FRS are m	ore precis	elv calculate						
	Your re	eimbursement ar	mount may	vary from	the amount	calculated he	ere.				
Office Use Only D											
Report Name (for ERS			\GIIII.w	Cilio							
					· · Cod	Cost	Ozniar I	7 ! - o + #			
Budget Number	Fund Number	Fund Na	ame		bject Code	e Cos	t Center /	Project #	^	mount	
4		i e		l l							