



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

Traveler's Name, Mailing Address, Daytime Phone #, E-mail Address, Business Purpose, Notes

- 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

Table with columns: Departure (Location, Date, Time) and Arrival (Location, Date, Time)

Table with columns: Receipt Required?, Expense Type, Amount. Includes categories like Airfare, Mileage, Rental Car, Fuel, Taxi, Parking, Lodging, Meal Per Diem, and Other.

Travel Expenses Not Reimbursed by PSU ()
Amount Due Traveler *

In the table below, line 1 will automatically adjust to reflect the GSA 75% 1st Day of Travel Per Diem rate. Your last day of travel will be calculated in ERS to reflect the Last Day of Travel 75% Per Diem rate.

Table for Per Diem calculation with columns: Dates, Location, # of Days, Daily Meal Per Diem (Meals, Incidentals), Meals Provided by Host (All Meals, Breakfast, Lunch, Dinner), Total Per Diem. Includes a Total Meal Per Diem * row.

To determine the Daily Meal Per Diem rate see U.S. General Services Administration Per Diem - 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 _____

* NOTE: Per Diem rates in ERS are more precisely calculated than on this form. Your reimbursement amount may vary from the amount calculated here.

Office Use Only -- Distribution of Total Allowable Reimbursement

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

Table with columns: Budget Number, Fund Number, Fund Name, Object Code, Cost Center / Project #, Amount

Other Signature (Budget Admin / Executive, Supervisor) _____