



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):

Amount

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

Domestic (CONUS) Travel:

Privately-owned auto miles: _____ @ _____ 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: _____