

Expense Reimbursement Form

Enter applicable information and charges in cells highlighted in gray.

Date:	
Name:	
Address:	
Email or Phone:	
Reason for Reimbursement:	
Travel Date(s):	

Registration Fee \$0.00

Round Trip Miles (for personal car only) x 0.42 \$0.00

Tolls	
Rental Car	
Rental Car Fuel	
Parking	
Airfare Fee (include luggage fees)	
Transportation to/from Airport	

Lodging

Hotel Bill					
Non-Hotel Lodging	# of Nights		x	\$40.00	\$0.00

***Per Diem - Meal Allowances (no receipts required)**

Half Day(s) - no overnight stay	# of Days		x	\$23.00	\$0.00
Full Day(s) - all meals	# of Days		x	\$46.00	\$0.00

***Per Diem - Employee + PREauthorized Family Member (s)**

Half Day(s)	# of Days		x	\$34.50	\$0.00
Full Day(s)	# of Days		x	\$69.00	\$0.00

Miscellaneous Expense Reimbursement **Explain:**

Send this completed form with the receipts to the individual that authorized these expenses.

PA CONFERENCE OFFICE USE ONLY

	Special Mileage	Data Item	11300	0
	Transportation	Data Item	11211	0.00
for employees if no overnight benefit for employees if NO overnight stay!	Per Deim/Meals Taxable	Data Item	10301	0.00
	Lodging	Data Item	11202	0.00
	Per Deim/Meals Non-Taxable	Data Item	11301	0.00
	Special Training	Data Item	11602	0.00
	Departmental Misc Exp	Data Item	11411	0.00

NON-Employee Travel Account # 825101 Dept# **0.00**

Authorized By: Date:

Give signed form with the receipts to Treasury for payment processing.