



# NON-EMPLOYEE TRAVEL REIMBURSEMENT FORM

This form is required to be completed by all non-employee travelers.

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

- 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.

**Non-Employee Information (NEI) form link:**

**Additional documentation requirements link:**  
Non-U.S Citizen Payment Guidelines

Traveler's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Business Purpose \_\_\_\_\_

Notes \_\_\_\_\_

Departure			Arrival		
Location	Date	Time	Location	Date	Time

Receipt Required?	Expense Type	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	
Yes	Fuel (rental car only)	
Yes	Taxi / Shuttle / Limo	
Yes	Parking	
Yes	Lodging	
No	Meal Per Diem (from below)	
Yes	Other (please list):	
<b>Total</b>		

Travel Expenses Not Reimbursed by PSU ( )

**Amount Due Traveler** ( )

[ljw:BwBwNwN@Nk-hwkwjwi?a](#)

75% 1st Day of Travel Per Diem rate. Your last day of travel will be (c)5cYYcUw5EZSUZO@SS:77qSgcF716OC6@c%SYyS@IRS(@c7S

Dates	Location	# of Days	Daily Meal Per Diem		Meals Provided by Host (Exclude)				Total Per Diem
			Meals	Inci-dentals	All Meals	Break-fast	Lunch	Dinner	
		1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

To determine the Daily Meal Per Diem rate see [U.S. General Services Administration Per Diem - CONUS](#) or [Department of Defense - OCONUS](#) **Total Meal Per Diem**

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 SAP Concur are more precisely calculated than on this form. Your reimbursement amount may vary from the amount calculated here.**

**DISTRIBUTION -- Distribution of Total Allowable Reimbursement**

SAP Concur Report Name: \_\_\_\_\_

Department #	Cost Object Type	Cost Object Name	Cost Object #	Amount

Other Signature (Budget Admin / Executive, Supervisor) \_\_\_\_\_