

UNIVERSITY OF PENNSYLVANIA
OFFICE OF THE COMPTROLLER
TRAVEL AND ENTERTAINMENT REIMBURSEMENT FORM

Payee Designations and required supporting documentation

<input type="checkbox"/> Non US Citizen <input type="checkbox"/> Visiting Non Resident Alien <input type="checkbox"/> Penn Student *** Non US Citizens must attach Foreign National Information form, copy of passport, visa, I-94 card	<input type="checkbox"/> US Citizen <input type="checkbox"/> Non-employee/Other (If new vendor, attach W-9 with soc sec #) <input type="checkbox"/> Check here if non-employee is a government official <input type="checkbox"/> Penn Student***	<input type="checkbox"/> Faculty/Staff
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(*** All students must complete a Statement of Business Connection form)

PART I: PAYEE INFORMATION

PAYEE	LAST	FIRST	MI	Vendor # * required
MAILING ADDRESS (ONLY NECESSARY IF "STUDENT" OR "OTHER")				Penn ID # * required
BUSINESS PURPOSE OF TRIP OR EVENT				PHONE NUMBER
DESTINATION(S)	BEGINNING DATE (MM/DD/YYYY)	TIME	ENDING DATE (MM/DD/YYYY)	TIME
I CERTIFY THAT THE EXPENDITURES LISTED BELOW WERE INCURRED BY ME WHILE ON OFFICIAL UNIVERSITY BUSINESS, ARE ACCURATE AND THAT I AM NOT REQUESTING REIMBURSEMENT FROM ANY OTHER SOURCE.				
SIGNATURE OF PAYEE X				

PART II: RECORD OF EXPENSES

***People with direct deposit thru Payroll will have their travel reimbursements deposited directly as well.**

DATE (MM/DD/YY)	DESTINATION	TOTALS	\$
S N A R T	AIRFARE, RAIL, BUS	\$	-
	CAR RENTAL & GAS	\$	-
	PRIVATE CAR m @ c	\$	-
	TAXIS/LOCAL TRANSPORT.	\$	-
	PARKING TOLLS	\$	-
PER DIEM			
M E A L	BREAKFAST	\$	-
	LUNCH	\$	-
	DINNER	\$	-
	REFRESHMENTS	\$	-
LODGINGS			
O T H E R	TIPS (OTHER THAN MEAL/TAXIS)	\$	-
	TELEPHONE, POSTAGE	\$	-
	OTHER (E.G., REGISTRATION)	\$	-
TOTAL EXPENSES PER DAY		\$	-
ENTERTAINMENT AND BUSINESS MEALS		ATTACH ENTERTAINMENT AND BUSINESS MEAL WORKSHEET (C-1A) AND ENTER TOTAL HERE. FOR BUSINESS MEALS USE CODE 5209. FOR EXPENSES THAT ARE ENTERTAINMENT RELATED, USE OBJECT CODE 5214.	
		\$	-

PART III: EXPENSE RECONCILIATION (If using more than one form, show total on top form and number pages)

The Travel Policy recommends that Reimbursement forms be submitted for reimbursement within ten (10) days of the Ending Date of the trip or event. Forms submitted after 182 days (6 months) from the Ending date of the trip or event will not be reimbursed.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GRAND TOTAL OF EXPENSES:</td> <td>\$ -</td> </tr> <tr> <td>LESS ADVANCES:</td> <td></td> </tr> <tr> <td>BALANCE DUE PAYEE:</td> <td>0.00</td> </tr> <tr> <td>BALANCE DUE UNIVERSITY:</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">(ATTACH COPY OF VALIDATED SLIP)</td> </tr> </table>	GRAND TOTAL OF EXPENSES:	\$ -	LESS ADVANCES:		BALANCE DUE PAYEE:	0.00	BALANCE DUE UNIVERSITY:		(ATTACH COPY OF VALIDATED SLIP)	
GRAND TOTAL OF EXPENSES:	\$ -										
LESS ADVANCES:											
BALANCE DUE PAYEE:	0.00										
BALANCE DUE UNIVERSITY:											
(ATTACH COPY OF VALIDATED SLIP)											

PART IV: ACCOUNTING INFORMATION

	<input type="checkbox"/>	NON FEDERAL GRANT	<input type="checkbox"/>	FEDERAL GRANT				
LAST NAME OF PAYEE	Balance Due	CNAC	ORG	BC	FUND	OBJECT CODE	PROGRAM	CREF
AUDITOR APPROVAL								

PART V: APPROVALS

Check here if Reimbursement Justification form is attached

EMBOSSED BY TAC HOLDER	SIGNATURE OF TRANSACTION AUTHORIZATION CARD (TAC) HOLDER SIGNATURE OF HIGHER LEVEL APPROVER * SIGNATURE OF HEAD OF SCHOOL OR CENTER (OR DESIGNATED REPRESENTATIVE) when required			
DEPARTMENT NAME	DEPARTMENT ADDRESS	MAIL CODE	TELEPHONE	DATE
				8/5/2008

