

School of Arts and Sciences Travel Reimbursement Request Form

Charge to Account: _____

Account Authorization: _____
Signature

- International Student (attach copy of Passport/Visa/I-94 card)
 Faculty/Staff (last 4 digits of SSN)
- Visiting Non-resident Alien (attach copy of Passport/Visa/I-94 card)
 Student (last 4 digits of SSN)
- Other (attach W-9 with SSN)

PART I: PAYEE INFORMATION

PAYEE	LAST	FIRST	MI	VENDOR#
MAILING ADDRESS (ONLY NECESSARY IF "STUDENT" OR "OTHER")				Penn ID #
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

DATE (MM/DD/YY)								TOTALS
DESTINATION								\$
S N A R T	AIRFARE, RAIL, BUS							\$ -
	CAR RENTAL & GAS							\$ -
	PRIVATE CAR m @ ¢							\$ -
	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								\$ -

GRAND TOTAL OF EXPENSES:	\$ -
LESS ADVANCES:	
BALANCE DUE PAYEE:	\$ -
BALANCE DUE UNIVERSITY:	\$ -