Expense Reimbursement Form

	Name									
	Institution									
	Address									
	City					State/ Province		Zip/ Postal		
	Phone				Email					
Travel	Purpose			I		Dates				
	Location									
Expenses	Form of Trav	/el							Cost	
	Airplar	ne	Round Trip Ai	Round Trip Airfare						
	Train		Example: Am	Example: AmTrak or MARC						
	Person	al Vehicle	Round Trip M	Round Trip Mileage:						
	Lodging									
	Single Room Rate			days @			per day			
	Meals									
	Itemized Receipts									
	Miscellaneous Expenses									
	Parking	S	Examples: at air	Examples: at airport, hotel, vendor location						
	Ground Transporation Examples: Shuttle, Subway, Bus, Taxi, etc									
	Rental (Car	Must be approv	Must be approved by ERAPPA Board						
	Other (list)								
	Other (list)									
	Other (list)								
	All claims will be paid in US dollars Total Cost Estimate - US\$									
Requestor Signature	Signature					Date			Melnick Treasurer	
	Make Check	x Payable to:							nsylvania State Ur sical Plant Buildin	
For ERAPPA Use	Check Da)ate Subm			it to ERAPP	ATreasurer		ity Park, Pa 16802 psu.edu 814-865	
	Amount No		lotes		Submitto ERAPPA Treasurer along with (<i>original</i> receipts optional).				PrintFor	