

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

Payee Designations and required supporting documentation

<input type="checkbox"/> <b>Non US Citizen</b> <input type="checkbox"/> Visiting Non Resident Alien  <input type="checkbox"/> Penn Student *** <small>Non US Citizens must attach Foreign National Information form, copy of passport, visa, I-94 card</small>	<input type="checkbox"/> <b>US Citizen</b> 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"/> <b>Faculty/Staff</b>
--	--	---

(\*\*\* All students must complete a Statement of Business Connection form)

**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)	ENDING DATE (MM/DD/YYYY)		
I CERTIFY THAT THE EXPENDITURES LISTED BELOW WERE INCURRED BY ME IN CONJUNCTION WITH OFFICIAL UNIVERSITY BUSINESS, COMPLY WITH ALL APPLICABLE POLICIES, 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)	DESCRIPTION	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	TOTALS (\$)
0	AIRFARE, RAIL, BUS									\$ -
Z	CAR RENTAL & GAS									\$ -
A	PRIVATE CAR m @ c									\$ -
R	TAXIS/LOCAL TRANSPORT.									\$ -
T	PARKING TOLLS									\$ -
<b>PER DIEM</b>										
J	BREAKFAST									\$ -
A	LUNCH									\$ -
M	DINNER									\$ -
E	REFRESHMENTS									\$ -
<b>LODGINGS</b>										
O	TIPS (OTHER THAN MEAL/TAXIS)									\$ -
T	TELEPHONE, POSTAGE									\$ -
H	OTHER (E.G., REGISTRATION)									\$ -
<b>TOTAL EXPENSES PER DAY</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>ENTERTAINMENT AND BUSINESS MEALS</b>		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><b>GRAND TOTAL - EXPENSES:</b></td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td><b>LESS ADVANCES:</b></td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td><b>BALANCE DUE PAYEE:</b></td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td><b>BALANCE DUE UNIVERSITY:</b></td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td align="center" colspan="2" style="font-size: x-small;">(ATTACH COPY OF VALIDATED SLIP)</td> </tr> </table>	<b>GRAND TOTAL - EXPENSES:</b>	\$ -	<b>LESS ADVANCES:</b>	\$ -	<b>BALANCE DUE PAYEE:</b>	\$ -	<b>BALANCE DUE UNIVERSITY:</b>	\$ -	(ATTACH COPY OF VALIDATED SLIP)	
<b>GRAND TOTAL - EXPENSES:</b>	\$ -										
<b>LESS ADVANCES:</b>	\$ -										
<b>BALANCE DUE PAYEE:</b>	\$ -										
<b>BALANCE DUE UNIVERSITY:</b>	\$ -										
(ATTACH COPY OF VALIDATED SLIP)											

**PART IV: ACCOUNTING INFORMATION**

**NON FEDERAL GRANT**
 **FEDERAL GRANT**

LAST NAME OF PAYEE	BALANCE DUE	CNAC	ORG	BC	FUND	OBJECT CODE	PROGRAM	CREF
AUDITOR APPROVAL								

**PART V: APPROVALS**

Check if expenses do not require a Justification form
  Check if Reimbursement Justification form is attached

EMBOSSED BY TAC HOLDER	NAME OF TRANSACTION AUTHORIZATION CARD (TAC) HOLDER SIGNATURE OF TRANSACTION AUTHORIZATION CARD (TAC) HOLDER SIGNATURE OF THE HIGHER LEVEL APPROVER *
------------------------	---

**\* Signature required on all expense reports that equal or exceed an aggregated amount of \$500 per trip**

DEPARTMENT NAME	DEPARTMENT ADDRESS	MAIL CODE	TELEPHONE	DATE
-----------------	--------------------	-----------	-----------	------