**EMPLOYEE TRAVEL FORM/WORKSHEET FOR THE ERS SYSTEM**

Traveler’s Name: Click or tap here to enter text.

Report Name: Click or tap here to enter text.

Access/User: Click or tap here to enter text.

Daytime Phone #: Click or tap here to enter text.

Description of Travel: Click or tap here to enter text.

Notes: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Departure** | **Arrival** |
| **Location** | **Date** | **Time** | **Location** | **Date** | **Time** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Was personal travel combined with this business trip?** Yes [ ]  No [ ]  (If ‘Yes’, please provide travel dates below.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Receipt Required?** | **Expense Type** | **PCard** | **PCard** | **Out of Pocket or Personal Credit Card** |  |
| Yes | Airfare: (DBAF used? Yes [ ]  No [ ]  ) |[ ]   |  |  |
| Yes | Other Long Distance Transportation: Bus / Trains |[ ]   |  |  |
| No | Local Metro / Subway / City Bus / Tolls |[ ]   |  |  |
| No | Mileage (if personal vehicle) Click or tap here to enter text. Miles @ current rate |  |  |  |  |
| Yes | Rental Car: (VRES used? Yes [ ]  No [ ]  ) |[ ]   |  |  |
| Yes | Fuel (rental car only) |[ ]   |  |  |
| Yes | Taxi / Shuttle / Limo  |[ ]   |  |  |
| Yes | Parking |[ ]   |  |  |
| Yes | Lodging (if OCONUS, use attached sheet for calculation. |[ ]   |  |  |
| No | Meal Per Diem  |[ ]   |  |  |
| Yes | Group Meals |[ ]   |  |  |
| Yes | Seminar / Conference Registration |[ ]   |  |  |
| No | Miscellaneous - Max. $5 / day (Please List): Click or tap here to enter text.  |  |  |  |  |
| Yes | Other (Please List): Click or tap here to enter text. |  |  |  |  |
| **Estimated Total** |  |  |  |

**Distribution of Total Allowable Reimbursement (if known)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Number** | **Fund Number** | **Object Cost** | **Cost Center / Project #** | **Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**By submission of this expense form, I certify that: The expenses claimed as reimbursable on the form are 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 not have any of these expenses already been paid for by another entity.**

Traveler’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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