

Farm Show 2017

ERS Travel Worksheet - Process by March 1, 2017

 Employee

 Non-Employee

Employee PSU ID _____

Traveler's Name _____

Email Address _____ Daytime Phone # _____ PSU Employment Status

 Exempt

 Non-Exempt

 Wage

 NA

Mailing Address _____

Business Purpose Participate in Extension Meetings & Demonstrations in Harrisburg, PA

Notes: Committee Served on _____

Departure			Arrival		
Location	Date	Time	Location	Date	Time

Receipts Required?	Mileage rate subject to change based on contract agreement.	
No	Mileage (if personal vehicle) _____ miles @ 53.5 cents/mile	-----
No	Fleet Vehicle Used (check if yes) <input type="checkbox"/>	-----
Yes	Other Long Distance Transportation: Bus/Trains	
No	Local Metro/Subway/City Bus/Tolls	
Yes	Taxi/Shuttle/Limo	
Yes	Parking	
No	Lodging -- record number of nights at Sheraton Direct Billed -- Paid on Purchase Order Through PSU _____	-----
No	Meal Per Diem (total from page 2)	
Yes	Other (Please List)	
Total		
Travel Expenses Not Reimbursed by PSU		
Amount Due to Traveler		

Meal per Diem Expense:

The Daily Meal Per Diem for Farm Show 2017 is Meals \$64/ Incidentals \$5

Total of \$69/Day is the Maximum Allotment

Please mark appropriate code in column next to meal amount --"C" if paid by cash; "P" if paid by purchasing card(employees only)

Date	Location	C or P	Breakfast Amount	C or P	Lunch Amount	C or P	Dinner Amount	Total Per Diem
1/2/2017								
1/3/2017								
1/4/2017								
1/5/2017								
1/6/2017								
1/7/2017								
1/8/2017								
1/9/2017								
1/10/2017								
1/11/2017								
1/12/2017								
1/13/2017								
1/14/2017								
1/15/2017								

Total Meal Per Diem (carry amount forward to Per Diem line on Page 1)

New Policy, all committees with fund 83G60 as representing the Farm Show Grant, must provide all Meal Receipts to the Farm Show Office for their auditors. Please attach a **second copy of your worksheet with receipts attached** and submit it to your Committee Chairperson for their signature. Please claim only what you spend.

Comments:

Departmental Accountant/ERS Delegate:
(required for employees only)

Name: _____

Address: _____

Required Traveler's Signature: _____ Date: _____

Send to Committee Chair for completion and approval signature

This section to be completed by Committee Chairs:

Please refer to Farm Show Database ("List Members by Name") For Fund Number and Sub-Object information and record in the appropriate spaces below.

Please record in the database your approval of each member's form.

*Sub-Object	Committee Name	Budget #	*Fund #	Object Code	Cost Center	Amount
		504-04		336	4275	

Required Committee Chairperson's Signature: _____ Date: _____

Committee Chair forward Non-Employee forms to Farm Show 2017, 318C Tyson Bldg, University Park, PA 16802
Employees to their ERS Delegates for processing as indicated by traveler

This section to be completed by Departmental Accountant/Delegate:

ERS Report Name: _____

FS17-Name-Dates (i.e. FS17-Story-1/7-11/17)