	Employee		Non-Employee	Employee PSU ID		
Traveler's Name Email Address			Daytime Phone #		PSU Employ Exen	vment Status npt
Mailing Address Business Purpose Parti Notes:			onstrations in Harrisburg, PA		Non- Wag NA	Exempt e
	Departure		Arri			
Location	Date (mm/dd/)	Time	Location	Date (mm/dd/yyy)	Time	<u>-</u> -
						<u>-</u> -
						_
						-
De active De active d'	*Mileage rate	e as of 1/1/2024				
Receipts Required			miles @ .67 cents/mile*			
No	Mileage (if perso		11111C3 @ 1.07 CC11C3/11111C			
Yes		ance Transportation:	Bus/Trains			
No	Local Metro/Sub	way/City Bus/Tolls				
Yes	Taxi/Shuttle/Lim	10				
Yes	Parking					
No	Lodging recor Direct Billed I	d number of nights a Paid on Purchase Ord	t Sheraton ler Through PSU			
No	Meal Per Diem (	total from page 2)				
Yes	Other (Please List)					
	<u> </u>		Total			
	Travel Expenses	Not Reimbursed by F	PSU			
	Amount Due to	Traveler				

Meal per Diem Expense: Please claim only what you spend. The Daily Meal Per Diem for Farm Show 2024 is Meals \$59/ Incidentals \$5, **Total of \$64/Day is the Maximum Allotment - see Instructions sheet for breakdown and first/last day rate.** Please mark appropriate code in the column next to the meal amount -- "C" if paid by cash; "P" if paid by purchasing card (employees only)

Date (mm/dd/yyy)	Location	C or P	Breakfast Amount	C or P	Lunch Amount	C or P	Dinner Amount	Total Per Diem
	Total Meal Pe Show Grant, must provide all Meal to your Chairperson for signature	Receipts to the F	arm Show Offic	e for th				
I receipts attached and submit it	Show Grant, must provide all Meal to your Chairperson for signature of the	Receipts to the F	arm Show Offic	e for th			nd receipts to Penr	
nd receipts attached and submit it imments: Departmental Accountal	Show Grant, must provide all Meal to your Chairperson for signature on the signature of the	Receipts to the F	arm Show Offic	e for th			Acc	State Offices.
nd receipts attached and submit its mments:  Departmental Accountain (required for employees only equired Traveler's Signature)	Show Grant, must provide all Meal to your Chairperson for signature on the signature of the	Receipts to the F and their forwar	Farm Show Offic r <mark>ding to the Farr</mark>	e for th		on't se	Acc	State Offices.
Departmental Accountar (required for employees only dequired Traveler's Signatured d to Committee Chair for section to be completed defer to Farm Show Datal extension) and Committe	show Grant, must provide all Meal of to your Chairperson for signature of the your Chairperson for signature	al signature ame") For F	Farm Show Office rding to the Farm the Farm inancial All nd record in	ocatin the	on (PDA Gra	Dat	e:or Penn State	ess ID:
Departmental Accountar (required for employees only dequired Traveler's Signatured d to Committee Chair for section to be completed defer to Farm Show Datal extension) and Committe	ht/ERS Delegate: Name: Address: completion and approvative: by Committee Chairs: case ("List Members by Ne Name/Abbreviation inford in the database your	al signature ame") For F	Farm Show Office rding to the Farm the Farm inancial All nd record in	ocatin the	on (PDA Gra	Dat	e:or Penn State	ess ID:
Departmental Accountar (required for employees only d to Committee Chair for section to be completed defer to Farm Show Datal extension) and Committee Chairperson's please reco	chow Grant, must provide all Meal at to your Chairperson for signature.  Int/ERS Delegate: Name:  Address:  Address:  Completion and approvation and approvation information information inford in the database your	al signature ame") For F formation al	inancial All	ocatin the	on (PDA Gra appropriate form so the	Dat	e:er Penn State	ess ID:
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Departmental Accountar (required for employees only d to Committee Chair for section to be completed defer to Farm Show Datal extension) and Committee Chairperson's please reco	chow Grant, must provide all Meal at to your Chairperson for signature.  Int/ERS Delegate: Name:  Address:  Completion and approvation in the database your  Buckers of the completion in the database your  PDA Grant Penn State E	al signature ame") For F formation al approval of	rinancial All nd record in f each mem	ocatin the lber's	on (PDA Gra appropriate form so the rnal Order	Dat	e:  Cr Penn State Ices below. Ceive an emai GL Account 52780100	ess ID:

FS24-Name-Dates (i.e. FS24-Story-1/7-11/24)

**ERS Report Name:**