



## **Employee Travel ERS Worksheet**

This form is required to be completed by employees who do not <u>prepare</u> their own reimbursement requests using the ERS online travel system.

Traveler's name	Access/User
Report Name	Daytime Phone #
Business Purpose	

Notes

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DEPAI	RTURE		ARRIVA	<u>L</u>	
Location	Date	Time	Location	Date	Time

## Was personal travel combined with this business trip? Yes No (If yes, please provide personal travel dates, below)

			A	mount
Receipt Required?	Expense Type	PCard	PCard	Out of Pocket / 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) miles @ cents/mile			
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 (from attached sheet)			
Yes	Group Meals			
Yes	Seminar/Conference Registration			
No	Miscellaneous (Max. \$5 a day) – Please List:			
Yes	Other (Please List):			
	Estimated 7	otal		1

Less non-reimbursed P	-Card cha	rges (persoi	hal or expenses covere	d by per diem)	(	)
Less Reimbursement R	Reduction				(	)
Less Cash Advance	FO	SRFC	(Document #:	)	(	)
* Estimated Amount D	ua Traval	er (or Retur	ned to the University)			

\* Estimated Amount Due Traveler (or Returned to the University) \* The per diem amounts are the maximum reimbursement allowance. The actual per diem reimbursement may be adjusted for single day or partial day travel.

## Distribution of Total Allowable Reimbursement (if known)

Budget Number	Fund Number	Fund Name	Object Code	Cost Center/Project #	Amount

Traveler's name:

Name		1	Address				Number of Nights		al Amount : \$25/Night)
							G		
	Total Lo	odging Expense	e (Add ai	mount to	Lodgin	g line o	n page 1)	)	
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