Name:	PSU ID#			PSU EMAIL:
Destination (City & State and/or				
Departure Date:	Return Date:			
PSU Business Purpose of Travel:				
	•	_	-	ok/per-diem-rates for lodging per diem rates ust receive prior approval for overage amount
FOREIGN TRAVEL:	ALL Foreign travel MUS	T be regi	stered e	each time with TSN PRIOR to traveling - email should arrive 2 weeks prior to travel
	_			CONCUR - NO EXPCEPTIONS!!
9	and turn in all lodging an			
id you use a PSU PURCHASING That is the estimated cost of the e	ded in this trip? YES NO mparison from CONCUR without the control of the control	PERSON. out persona O Name or	AL TRAVI I travel & 1 Purchasir	arison from CONCUR leaving & returning to State Collect DATES: k leaving & returning to State College ng Card: UCH \$
ACULTY MUST FILL	OUT			(email approval accepted if faculty out of town)
Faculty pleas	e note: the amounts on t	his shee	t DO N	NOT include indirect costs
PSU FUND NAME (must ha	ve effort charged within the pr	ior 6 mont	hs):	
ACULTY/SUPERVISOR S	IGNATURE (if student/staff tra	avel) M	hunth. K.	lyssedv
	AME PRINTED			
ision Date: 10/19/2018				TURN OVER FOR SIDE 2

Revision Date: 10/19/2018

Traveller to fill out

FINANCE OFFICE:

Budget

Fund

Cost Center

End Date