

## NON-EMPLOYEE TRAVEL REIMBURSEMENT FORM This form is required to be completed by all non-employee travelers.

Traveler's Name Vilgin	16146 Grange Road				<u>\</u>	uest is a Unit	nd States Cifu	Guest is a United States Citizen: NEI form not required	ot required	
Mailing Address Paonia	Paonia, CO 81428					uest is a Pern	nanent Reside	Guest is a Permanent Resident: NET form required	quired	
Daytime Phone # 72090	7209394782				_ _ _ _	est is neithe I form requir	<u>ca United Sta</u> ed, as well as	Guest is neither a United States Citizen nor a Permanent Resident: NEI form required, as well as all required documentation to authorize	<u>Permanen</u> numentation	to authori
	virginia.nichols@gmail.com	m			pe	payment.				
Attend Business Purpose	Attend and present at ISSST conference in Ft. Collins, CO	conference in Ft. Co	llins, CO		Z	on-Employe	e Informatio	Non-Employee Information (NEI) form link:	link:	
Notes					z >	dditional do	Additional documentation requiren Non-U.S Citizen Payment Guidelines	Additional documentation requirements link: Non-U.S Citizen Payment Guidelines	link:	
	Departure						Arrival			
Location	ion	Date	Time		_	Location		Date	_	Time
Paonia, CO		6/12/2023	12:00	Ft. Q	Collins, CO			6/12/2023		07:00
Receipt Required?	?			Expense Type	Гуре				Am	Amount
Yes	Airfare (if paid	Airfare (if paid with personal funds)	unds)							
Yes	Other Long Di	Other Long Distance Transportation: Bus / Trains	rtation: Bu	s / Trains						
No	Local Metro /	Local Metro / Subway / City Bus / Tolls	SIIOI / SUS							,
Yes	Rental Car	solidi vellicie)		Miles	(6	oans par mile	1		t	\$0.00
Yes	Fuel (rental car only)	r only)								
Yes	Taxi / Shuttle / Limo	Limo								
Yes	Parking									\$ 45.00
Yes	Lodging									\$ 575.70
No	Meal Per Diem (from below)	n (from below)								\$ 0.00
Yes	Other (please list):	list):								
Travel Expenses Not Reimbursed by PSU	ot Reimbursed by	PSU				-			7	)
Amount Due Traveler	ler									\$ 620.70
In the table below, line 1 will automatically adjust to reflect the GSA 75% 1st Day of Travel Per Diem rate. Your last day of travel will be manually adjusted to reflect the Last Day of Travel 75% Per Diem rate	I will automatically ber Diem rate. You flect the Last Day of	adjust to reflect the r last day of trave of Travel 75% Per	he GSA I will be Diem rate,	Daily Meal Per Diem	Meal Diem	Me	als Provid (Exclu	Meals Provided by Host (Exclude)		
Dates	Location	ition	# of Days	Meals	Inci- dentals	All	Break- fast	Lunch D	Dinner T	Total Per Diem \$ 0.00
										\$ 0.00
										\$ 0.00
To determine the Daily Meal Per Diem rate see U.S. General Services Administration Per Diem - CONUS or Department of Defense - OCONUS  By externiseion of this expresses form I partity that. The expresses of this partity is able to the form are a true and account.	Meal Per Diem rate ise - OCONUS	see U.S. Genera	al Services /	dministrati	on Per Dien	1- CONUS	Total	Total Meal Per Diem	em	\$0.00
expenses incurred for this pushings up, and are are no limits isted as remindes abore which relate to personal or unacovatore expenses. I have not, and we not be receiving relimbursements from any other source for these approximes nor have any of these expenses already been paid by another entity.  Traveler's Singature   06/18/2023	other source for these	experditures nor ha	ave any of the	se expenses	already been	paid by anothe	her entity.	06/18/2023	2023	Alaboara
MOTE: Per Diem rates in SAP Concur are mo Your reimbursement amount may vary Office Use Only Distribution of Total Allowable Reimbursement	WOTE: Pe	MOTE: Per Diem rates in SAP Concur are more precisely calculated than on this form Your reimbursement amount may vary from the amount calculated here.	AP Concur t amount ma	are more pr y vary from	ecisely calc	ulated than t calculated	on this form			
SAP Concur Report Name:	lame:									
Department # C	Cost Object Type		Cost Object Name	Vame		Cost	Cost Object #		Amount	nt
Selec	Select Cost Object type									
Select Cost Object type	Select Cost Object type				t					