USN	H Perso	nal Reim	bursemer	nt Form		INV#			
UNH		PSU		KSC	X	GSC		USNH	
Employee/Trip In:	formation							Date:	1/7/2019
Name:					Position/Title				
Department:					Phone:				
Depart Date &			□ АМ		Return Date				□ам
Time:			☐ PM		& Time:				□РМ
Destination:					USNH ID				
Project/Grant:					Address:				
Bus. Purpose:									
Employee Paid Ex	penses								TOTAL
Date (MM/DD/YY)									
Day									
Auto Rental Taxi/Tolls/Parking									
Air/Bus Fare									
Telephone/Fax									
Lodging									
Other									
Meals -			_			_		at amount in Per Did daily Meal per Per D	
Per Diem Allowance		npiete the Adjust	ed Per Diem Rate	section. (Amoun	t claimed must be	less than the Per I	Jiem Anowance	dany Mear per Per L	nem Rate).
Adjusted Per Diem Ra	<u>te</u>	Indicate if meals	were provided by	other sources - i	ncluded with conf	erence, provided l	by a colleague or	vendor, etc.	
Breakfast - 20%				片					
Lunch - 25% Dinner - 55%									
Daily Meal Total		<u> </u>		<u> </u>			<u> </u>		
-	The mileage rat	te and total amou	nt will be calculate	ed based on the d	late and number o	f miles Enter dat	es in MM/DD/V	V format	
- Trinoago								]	
Date	To add additional mileage lines enter the number of lines, press tab, then click "Add Mileage Lines".  Departure, Destination & Purpose  Miles  Miles								
			<u> </u>					.51	
								.51	
								.51	
								_	
								-	
						Total Mileage	e Expenses		
<u>Business Expenses -</u>					eipt. Business mea	als must include a	brief description	of business purpose	including
T 11 11''' 11 '			and why. List each		T. T. II	,			
To add additional business	_		nes, press tab, the	n click "Add Bus	s. Exp. Lines".				
<u>Date</u>	Description	or Expense							Amount
Total Business Expenses									
Total Expenses Paid by Employee									
Original Amount of Advance									

Amount Due to	Employee	

Accounting Information	mation								
USNH ID (Banner Vendor Code):				Expense Distribution					
(To be completed by BSC.)		<u>FUND</u>	<u>ORG</u>	<u>ACCOUNT</u>	<u>PROG</u>	<u>ACTIVITY</u>	<u>LOCATION</u>	<u>AMOUNT</u>	_
<u>Advance</u>									
(To be completed by Travel Center.)									_
									_
Advance Number:									_
							mom . r		Undistributed
							TOTAL		
Approvals/Signat	ures								
I certify that the above System of New Ham University System per reimbursement elsev	pshire, that olicy manua	the amounts s	shown confo	rm to the trave	el regulations	s in the			
Territour sement eisew	viicic.								
Signed by:									

Date

Date

**Date** 

Date

Date

Date

Traveler

Dean, Director, Dept Head, Bus. Mgr.

Additional Dean, Director etc. (If needed)

**Authorized BSC Representative** 

Sponsored Research (If Applicable)

Travel Coordinator/Entered by

Signed by:

Signed by:

Signed by:

Signed by:

Signed by: