

ASSOCIATED STUDENT ACTIVITIES

MILEAGE AND PER DIEM CHECK REQUEST

**** This form can only be submitted post-trip, and is subject to verification of Travel Registration completion. See Travel Reimbursement Guidelines. ****

DATE: _____

FUNDING SOURCE (Check applicable boxes):

UNRESTRICTED (30) (funds raised by organization)

UPAC allocated Funds (10)

Summer Activity Allocation

ACTIVITY FEE (40) (Standing Allocation)

ACTIVITY CODE (if applicable) _____

ASA USE ONLY:		<input type="checkbox"/> PU-No Address in USL
VENDOR # _____		<input type="checkbox"/> Mail-Addresses Match
ORG # _____		<input type="checkbox"/> Needs Correction
Vendor Initials _____	M/D _____	
TOTAL AMOUNT \$ _____		
FS	AC	S OBJ
_____ - _____ - _____ - _____		\$ _____
_____ - _____ - _____ - _____		\$ _____
Coded By: _____		Date _____
Reviewed By: _____		Date _____

ORG/ACCT # _____ ORGANIZATION: _____

I AM REQUESTING REIMBURSEMENT FOR MILEAGE AND/OR PER DIEM EXPENSES INCURRED WHILE TRAVELING ON ORGANIZATIONAL/UNIVERSITY BUSINESS BASED ON THE FOLLOWING INFORMATION:

PURPOSE OF TRAVEL	DESTINATION - CITY, STATE	DATES OF TRAVEL	
<u>MILEAGE</u>	# MILES TRAVELED	RATE PER MILE	TOTAL AMOUNT
-OR-	_____ X _____ = _____		
	THE UNIVERSITY REIMBURSEMENT RATE CAN VARY. PLEASE VISIT HTTPS://TRAVEL.PSU.EDU/REIMBURSEMENT-RATES TO OBTAIN CURRENT RATE PER MILE.		
<u>PER DIEM</u>	# DAYS TRAVELED	RATE PER DAY	TOTAL AMOUNT
	_____ X _____ = _____		
THE CURRENT DAILY ALLOWANCE FOR MEALS IS DETERMINED BY THE UNIVERSITY RATE AT THE TIME OF TRAVEL. THIS RATE VARIES DEPENDING ON AREA AND DATE. PLEASE GO TO HTTPS://TRAVEL.PSU.EDU/REIMBURSEMENT-RATES TO IDENTIFY THE MAXIMUM PER DIEM RATE.			

PAYEE (please print clearly) _____

Check applicable box: PICK UP CAMPUS MAIL MAIL

MAILING ADDRESS (if applicable):

X
 PAYEE SIGNATURE (Required) _____

X
 TREASURER SIGNATURE (Required) _____ E-Mail _____

X
 * ADVISOR / CO-SIGNING OFFICER (Required)
 *** Payee cannot be a cosigner

X
 ** If the treasurer is the payee, a 2nd cosigner is required

• All Check Requests are subject to ASA Verification
 • Check Requests may take several days to process.
 Please consult an ASA Representative.

Date received by ASA
 Received By: _____