

TRAVEL CHECKSHEET

Name: _____ Phone: _____ Email: _____

Address to mail check to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

▶ Departure Location: _____ Date _____ Time: _____

▶ Departure from State College: Date _____ Time: _____

▶ Next Destination Location: _____ Date _____ Time: _____

▶ **Receipts must be provided for reimbursement.**

▶ Airfare (original ticket or passenger receipt and itinerary) \$ _____

▶ Privately-owned auto miles _____

▶ Lodging \$ _____

▶ Taxi/shuttle/tolls/local transit/parking \$ _____

▶ Rental Car \$ _____

▶ Gas for rental car \$ _____

▶ Internet services at hotel (business related) \$ _____

▶ Meals (Purchased by you while traveling. Please include receipts if you have them)

Example: Breakfast: 9/2/08, 9/3/08 Lunch: 9/1/08 only Dinner: 9/3/08 only

Dates of meals:

Breakfast: _____

Lunch: _____

Dinner: _____

Please mail this form with your original receipts to:

**Seminar Coordinator
The Pennsylvania State University
104 Davey Lab, MB# 97
University Park, PA 16802**