

IS INDIVIDUAL A UM EMPLOYEE
ON UM PAYROLL?
(Y/N)

UNIVERSITY OF MARYLAND

EXPENSE STATEMENT

DATE _____

Account Number _____

UID _____

First Name and Middle Initial _____

Last Name _____

*

| DEDUCION CODE | D/DE | OUT-OF-STATE TRAVEL REQUEST NO. | MILEAGE @ 1/2 RATE | SUBCODE | MILEAGE @ FULL RATE | AMOUNT | IDENT |
|---------------|------|---------------------------------|--------------------|---------|---------------------|--------|-------|
| | 86 | | | | | | |

HOME ADDRESS: _____
CITY _____ STATE _____ ZIP _____

PURPOSE OF TRAVEL _____

Reimbursable Travel Expenses by Date

| DATE (MM/DD/YY) | | | | | | | | | | | | | | | | | | TOTAL | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|
| Breakfast | | | | | | | | | | | | | | | | | | | |
| Lunch | | | | | | | | | | | | | | | | | | | |
| Dinner | | | | | | | | | | | | | | | | | | | |
| Lodging | | | | | | | | | | | | | | | | | | | |
| Taxi/Cab | | | | | | | | | | | | | | | | | | | |
| Air/Rail/Bus | | | | | | | | | | | | | | | | | | | |
| Car Rental | | | | | | | | | | | | | | | | | | | |
| Parking Fee | | | | | | | | | | | | | | | | | | | |
| Tolls | | | | | | | | | | | | | | | | | | | |
| Phone/Internet | | | | | | | | | | | | | | | | | | | |
| Registration fee | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

MEAL COST INCLUDES RELATED GRATUITIES. "FULL RATE" PRIVATE AUTO MILEAGE miles at \$ per mile

* ORIGINAL RECEIPTS MUST BE OBTAINED FOR EXPENSES NOT COVERED THROUGH PER DIEM

TOTAL EXPENSE _____

ITINERARY

| DATE (MM/DD/YY) | | | | | | | | | | | | | | | | | TOTAL |
|-----------------|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|
| | START | END | START | END | START | END | START | END | START | END | START | END | START | END | START | END | |
| TIME | | | | | | | | | | | | | | | | | |
| FROM: | | | | | | | | | | | | | | | | | |
| TO: | | | | | | | | | | | | | | | | | |
| TO: | | | | | | | | | | | | | | | | | |
| AUTO MILEAGE | | | | | | | | | | | | | | | | | |

ARE ADDITIONAL MEMOS ATTACHED ? (Y/N)

CERTIFIED JUST AND CORRECT AND PAYMENT NOT RECEIVED TRAVEL IN FULL COMPLIANCE WITH POLICY _____ DATE _____
TRAVELER'S SIGNATURE

PLEASE PRINT APPROVING AUTHORITY NAME & TITLE _____

APPROVING AUTHORITY SIGNATURE _____ DATE _____

DEPARTMENT CONTACT NAME _____

PHONE _____ E-MAIL _____

DEPARTMENT RETAINS A COPY