

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:																	
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