

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

# UNIVERSITY OF MARYLAND BIOTECHNOLOGY INSTITUTE EXPENSE STATEMENT

DATE

FRSACCOUNT

SOCIAL SECURITY NO\*

FIRST NAME AND MIDDLE INITIAL

LAST NAME

\*SOCIAL SECURITY NUMBER MUST BE PROVIDED. IF NOT APPLICABLE, PLEASE PROVIDE IMMIGRATION STATUS WITH VISA AND PASSPORT NUMBER.

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

HOME ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PURPOSE OF TRAVEL \_\_\_\_\_

### TRAVEL EXPENSE BY DATE

DATE (MM/DD/YY)	BREAKFAST	LUNCH	DINNER	LODGING*	TAXI OR LIMO	AIR/RAIL/BUS*	AUTO RENTAL*	PARKING FEE	BRIDGE OR TOLLS	TELEPHONE	REGISTRATION FEE*	PORTERAGE	TOTAL

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	
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 \_\_\_\_\_

FOR QUESTIONS ABOUT THIS TEMPLATE: CONTACT UMBI OFFICE OF THE COMPTROLLER  
DEPARTMENT RETAINS A COPY