

TRIP #: _____

REQUISITION#: _____



Chemical & Biomolecular - Materials Science - Fire Protection Engineering TRAVEL EXPENSE STATEMENT

KFS #: _____ Object-code: _____
 UID/SS #: _____ Last Name: _____ First Name: _____
 Email: _____ Phone: _____

NON Employee - please provide home address, reimbursement will be mailed to address entered below.

Street Number: _____ City/State: _____ Zip Code: _____

Leaving from (city/state, airport): _____ Departure date: _____ Time: _____

Traveling to (city/state, airport)*: _____ Return Date: _____ Time: _____

*When traveling to more than one location, please attach itinerary. Include dates. (Time determined by departure/return to residence)

Trip Purpose: _____

STUDENT TRAVELERS TO ENSURE COMPLIANCE WITH THE **FEDERAL CLERY ACT**, MUST PROVIDE THE SPECIFIC ADDRESS OF LODGING/HOUSING

Street Number: _____ City/State: _____ Zip Code: _____

REIMBURSEMENT REQUESTS:

Date (MM/DD/YY)								Totals
US Rates	M & IE							
Breakfast* \$13.00	15%							
Lunch \$15.00	25%							
Dinner* \$28.00	60%							
Air/Rail*- Boarding Passes								
Lodging/Housing*								
Phone/Fax/Internet*								
Ground Transportation*								
Vehicle Rental*								
Personal car mileage								
Conference Fee*								
Parking Fees*								
Other Travel Expenses*								

*Original itemized receipts and air/rail boarding passes must be obtained for ALL expenses

Expense Total \$ _____

*Daily Domestic Meal Rate \$56.00 includes tax and tip. (9/1/19)

*M & IE Rates for foreign travel (meal and incidental expenses) visit

*https://aoprals.state.gov/content.asp?content_id=184&&menu_id=75&menu_id=75

*Breakfast reimbursement on first day of travel only if departing residence before 6:30am.

*Dinner reimbursement on your last day, only if returning home after 6:30pm

*Foreign exchange rates must be included, please visit www.1.oanda.com/currency/converter/

*UMD travel information, please visit <http://www.dbs.umd.edu/travel/>

PRIVATE AUTO MILEAGE BY DATE (for gasoline reimbursement): City of Departure: _____ zip code: _____

Please indicate if your departure is from campus

Date (MM/DD/YY)							
Miles Traveled							
Reimbursement Rate	\$0.585	\$0.585	\$0.585	\$0.585	\$0.585	\$0.585	\$0.585
Total to be reimbursed							

POV rate is \$0.585 per mile, (01/01/2022). Mileage is measured from the closer of the duty station or point of departure to destination

& return for travel during normal work schedule, for travel on days not part of normal work schedule, actual mileage driven is

reimbursable.

I certify that I am the "traveler" for the trip listed on this document and that the expenses claimed are in full compliance with university and USM travel policies and with any sponsored program restrictions and will not be/have not been otherwise reimbursed. I further certify that I have provided original receipts, as required, to be retained in the department file.

Traveler's Signature _____

Date _____

Approving Authority Name/Title _____

Signature _____

Please Print