TRAVEL EXPENSE FORM

Last Name **First Name** **Social Security #**

Home Address (If not university employee) **E-mail**

Are you on University of Maryland Payroll? ☐ Yes ☐ No ☐ Paid hourly*

*Hours **MUST** be submitted in order to receive reimbursement.

DATE							Total
Breakfast							
Lunch							
Dinner							
Lodging							
Taxi							
Air/Rail/Bus							
Car Rental							
Parking Fee							
Bridge/Tolls							
Telephone							
Conference Fee							
Gas							
Other Expenses							
Other Expenses							

Shared hotel room with _____

This section is mandatory and expenses cannot be submitted without times indicated

Date		
Time	**start time (left for trip)**	**end time (returned home)**
	Complete only if claiming mileage	
From		
To		
Mileage (if claiming mileage please provide proof of mileage-for example mapquest directions)		

NOTES

Hotel receipts must have cost per night plus taxes

If 2 or more per room must have statement indicating cost of room is the same for single or double occupancy (this does not apply when 2 employees share hotel room)

Car rentals must include rental agreement indicating no additional insurance was purchased

Every receipt must indicate form of payment (check, cash, credit card)

Gas is not reimbursable when using private vehicle or motor pool

If receipts are missing any of the above information please contact hotel, car rental agency, etc. to obtain a receipt with all the information required