TRAVEL EXPENSE FORM

Last Name	First Name			Social Security #	
Home Address (If not university employee)				E-mail	
Are you on Univer	sity of Maryland Pay	roll? 🛛 Yes	□No		ourly* ST be submitted in eive reimbursement.
DATE					Total
Breakfast					
Lunch					
Dinner					
Lodging					
Taxi					
Air/Rail/Bus					
Car Rental					
Parking Fee					
Bridge/Tolls					
Telephone					
Conference Fee					
Gas					
Other Expenses					
	i			İ	

This section is mandatory an	id expenses cannot be subm	nitted without times indicated	
Date			
Time	start time (left for trip)	end time (returned home)	
	Complete only if claiming mileage		
From			
То			
Mileage (if claiming mileage please provide proof of mileage-for example mapquest directions)			

not be submitted without times indicated This section is mandatany and a

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