**Travel Expense Statement**

|  |  |  |  |
| --- | --- | --- | --- |
| Kfs account | social security no. \* | first and middle initial | last name |
|       |       |       |       |

 \* social security number must be provided, if not applicable, please provide immigration status with visa and passport number

|  |  |
| --- | --- |
| purpose of travel: |       |
| (please specify) |

🡪 are you a umcp employee on umcp payroll? [ ] yes / [ ] no

🡪did you submit a travel approval request [ ] yes / [ ] no

|  |  |
| --- | --- |
| home addreess:             |              |
|  | street/apt# | city | state | zip |
|  |  |  |  |  |  |
| email: |       | and/or | phone: |       |

**travel expense by date**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **date (mm/dd/yy)** |       |       |       |       |       |       |       | **total** |
| breakfast | based on per diem |       |       |       |       |       |       |       |       |
| lunch |       |       |       |       |       |       |       |       |
| dinner |       |       |       |       |       |       |       |       |
| **lodging\*** |       |       |       |       |       |       |       |       |
| **taxi or limo\*** |       |       |       |       |       |       |       |       |
| **air/rail/bus\*** |       |       |       |       |       |       |       |       |
| **auto rental\*** |       |       |       |       |       |       |       |       |
| **parking fee\*** |       |       |       |       |       |       |       |       |
| **bridge or tolls\*** |       |       |       |       |       |       |       |       |
| **telephone\*** |       |       |       |       |       |       |       |       |
| **registration fee\*** |       |       |       |       |       |       |       |       |
| porterage  |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
| meal cost includes related gratuities**\* original receipts must be submitted to business office** **please include airplane boarding passes** | $ amount of total pov miles traveled (0.535 $ per mile) |       |
|  | $ amount of deductable commuter miles |       |
|  | **total expense** |       |

**itinerary**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **date** **(mm/dd/yy)** 🡪 |       |       |       |       |       |       |       | **total miles traveled** |
| time: > > 🡪 | start | end | start | end | start | end | start | end | start | end | start | end | start | end |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| from: > > 🡪 |  |  |  |  |  |  |  |
| to: > > 🡪 |  |  |  |  |  |  |  |
| to: > > 🡪 |  |  |  |  |  |  |  |
| auto mileage: |       |       |       |       |       |       |       |       |

university policy requires use of motor pool services for trips over 50 miles

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| additional comments: |       |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| certified just and correct and payment not receivedtravel in full compliance with policy……………………… |  |  |  |
| Approving authority signature |  |  | traveler’s signature |  | date |

 PI’s SIGNATURE DATE