**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 received  travel in full compliance with policy……………………… | | |  |  |  |
| Approving authority signature |  |  | traveler’s signature |  | date |

PI’s SIGNATURE DATE