

**UNIVERSITY OF MARYLAND
NON-EMPLOYEE REIMBURSEMENT LETTER**

Date: _____

Traveler Name: _____
Street Address: _____
City, State: _____
Zip Code: _____

Trip #: _____
Date: _____
Destination: _____
Reimbursement
Amount: \$ _____

Travel expense reimbursement for the above referenced University of Maryland sponsored trip has been approved for payment in the amount indicated above based upon receipts and other information provided by you and in accordance with University of Maryland Travel policies.

A copy of the University of Maryland detailed Travel Expense Statement is enclosed for your records.

By submitting receipts for reimbursement from the University of Maryland, you are asserting that you will not be reimbursed by any other sponsoring organization for the same expenses.

Your agreement with the accuracy of this reimbursement (including your name, address and amount) is assumed in the absence of feedback from you by (date) _____.

Should you require corrections or additional information please contact:

Name: _____

Telephone: _____

Email: _____

Approver/Reviewer

Signature: _____

Name: _____

Enclosure: Travel Expense Statement