

Is the individual on UMCP payroll at the time of reimbursement? Yes No Student	UNIVERSITY OF MARYLAND COLLEGE PARK EXPENSE STATEMENT	Department: IREAP Today's Date: (mm/dd/yy)
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KFS Account Number	Social Security Number*	First Name and Middle Initial	Last Name
	XXXXXXXXXX		

*Provide your SSN to your travel coordinator by phone or in person. If not applicable, please provide your immigration status and passport number. Immigration Status: Passport Number:

Home Address and Apartment:	Home Telephone:
City, State, Zip:	Work Telephone:
Email Address:	Cell Phone:

The traveler verifies they are eligible per campus COVID-19 Health and Safety compliance to travel.

How does this travel benefit the sponsored award? Purpose of Travel:

ITINERARY

(Mileage will be checked using Google maps.)

Please complete times of travel and destinations for all travel.

Date (mm/dd/yy)								
Start Time (am/pm)								
End Time (am/pm)								
From								
To								
To								
Private Car Mileage								

Date (mm/dd/yy)										
Breakfast*										
Lunch*										
Dinner*										
Lodging**										
Taxi/Metro/Bus**										
Air/Rail**										
Auto Rental**										
Tolls**										
Telephone/Internet**										
Registration Fees**										
Parking										
Other										
Private car mileage (whole numbers)									miles at	per mile
Current rate per mile: \$0.56										

Total _____

*Only meals listed will be reimbursed and only up to the allowable per diem rates. The current domestic meal per diem rate is \$13 breakfast, \$15 lunch, \$28 dinner. Receipts are not required for meals at or under per diem rates. Additional reimbursement is not appropriate if a meal has been prepaid as part of a conference registration, hotel free breakfast plan, or the like.

**Original receipts must be provided for all expenses not covered through per diem.

Please do not attach receipts for expenses not being requested. Do not list expenses paid by UMD.