

KFS#:

Institute for Research in Electronics and Applied Physics

Travel Expense Statement

Please send completed form to your travel coordinator.

Meredith Pettit mpettitl@umd.edu

Trip#:

Please submit the completed form within 30 days after your trip.

Upon return, provide original itemized receipts, proof of payment and Travel Expense Statement to your travel coordinator.

Object Code:

Today's Date (mm/dd/yy):			<u> </u>	Mailing Address:			1		
UID:									
Name as it appears on your drive									
Date of Birth (mm/dd/yy):				Faculty Graduate Student					
Gender: Male Female				Staff Invited Participant					
Phone Number:				SSN: (Do not write your SSN on this form. Provide it to your travel coordinator					
Email:				personally or by phone after submitting the form.)					
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:									
REIMBURSEMENT REQUESTS by DATE									
Date (mm/dd/yy)			T			J			
Breakfast*									
Lunch*									
Dinner*									
Hotel/Lodging**									
Ground Transportation **									
Air/Rail**									
Parking Fees**									
Tolls**									
Telephone/Internet**									
Registration Fees**									
Vehicle Rental**									
Personal Auto Miles Travelled									
miles at (rate)									
Personal auto mileage rate = \$0.585								Total	
PERSONAL AUTO MILEAGE BY DATE (for gasoline reimbursement) Please include google maps route as backup for reimbursement. Please complete times of travel and destination for all travel.									
Date (mm/dd/yy)	ogie maps r	oute as dac	kup ioi reiiiibu	rsement. Flease compl	iete times of ti	avei aliu de	-5unau0n 101	all liavel.	
Start Time (am/pm)									
End Time (am/pm)									
From									
То									

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

IREAP Form -03/24/2022

^{*}Only meals listed will be reimbursed and only up to the allowable per diem rates. The current domestic meal per diem is \$56.00/day: \$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, hotel free breakfast plan, or the like.

^{**}Original receipts must be obtained for all expenses not covered through per diem.