

IS INDIVIDUAL A UMCP EMPLOYEE
ON UMCP PAYROLL?

(Y/N) : _____

UNIVERSITY OF MARYLAND COLLEGE PARK EXPENSE STATEMENT

DATE :

FRS ACCOUNT	SOCIAL SECURITY NO*	FIRST NAME AND MIDDLE INITIAL	LAST NAME
_____	_____	_____	_____

* SOCIAL SECURITY NUMBER MUST BE PROVIDED. IF NOT APPLICABLE, PLEASE PROVIDE IMMIGRATION STATUS WITH VISA AND PASSPORT NUMBER.

DEDUCTION CODE	D/DE	OUT-OF-STATE REQUEST NO.	MILEAGE @ ½ RATE	SUBCODE	MILEAGE @ FULL RATE	AMOUNT	IDENT
TR	86	_____	_____	_____	_____	_____	_____

HOME ADDRESS : _____

_____ STREET/APT # _____ CITY _____ STATE _____ ZIP _____

PURPOSE OF TRAVEL _____

TRAVEL EXPENSE BY DATE

DATE (MM/DD/YY)								TOTAL
BREAKFAST								
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.

“FULL RATE” PRIVATE AUTO MILEAGE

“HALF RATE” PRIVATE AUTO MILEAGE

* ORIGINAL RECEIPTS MUST BE OBTAINED FOR EXPENSES NOT COVERED THROUGH PER DIEM

TOTAL EXPENSE

ITINERARY

DATE (MM/DD/YY)															TOTAL
TIME	START	END	START	END	START	END	START	END	START	END	START	END	START	END	
FROM:															
TO:															
TO:															
AUTO MILEAGE															

ARE ADDITIONAL MEMOS ATTACHED ? (Y/N) _____

CERTIFIED JUST AND CORRECT AND PAYMENT NOT RECEIVED..... :
TRAVEL IN FULL COMPLIANCE WITH POLICY

TRAVELER'S SIGNATURE

DATE :

PLEASE PRINT APPROVING AUTHORITY NAME & TITLE : _____

APPROVING AUTHORITY SIGNATURE : _____

DATE :

DEPARTMENT NAME & CONTACT PERSON : _____

PHONE ... : _____ E-MAIL : _____