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 ____ miles at 0.31 $ per mile

" HALF RATE" PRIVATE AUTO MILEAGE ____ miles at 0.15 $ per mile

* 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 ..... :

FOR QUESTIONS ABOUT THIS TEMPLATE: CONTACT UMCP TRAVEL SERVICES (301)405-0607 OR SEND AN E-MAIL REQUEST TO TRAVOFF@mercury.umd.edu

DEPARTMENT RETAINS A COPY

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