

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