IS INDIVIDUAL A UM EMPLOYEE
ON UM PAYROLL?
(Y/N)

UNIVERSITY OF MARYLAND
CENTER FOR ENVIRONMENTAL SCIENCE
EXPENSE STATEMENT

DATE

FRSACCOUNT	SOCIAL SFCURITY NO*	FIRST NAME AND MIDDLF INITIAL	L AST NAME

*SOCIAL SECURI I Y NUMBER MUS I BE PROVIDED. IF NOI APPLICABLE, PLEASE PROVIDE IMMIGRATION STATUS WITH VISA AND PASSPORT NUMBER.

DEDUCTION CODE	D/DE	OUT-OF-STATE TRAVEL REQUEST NO.	MILEAGE @ 1/2 RATE	3311 - Instate 3321 - Out of State 3360 - Foreign SUBCODE	MILEAGE @ FULL RATE	AMOUNT	IDENT
TR	86				0.0	$0.00	

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PURPOSE OF TRAVEL _____

Meal per diems.....$8.00/$10.00/$24.00

TRAVEL EXPENSE BY DATE

DATE (MM/DD/YY)								TOTAL
BREAKFAST								$0.00
LUNCH								$0.00
DINNER								$0.00
LODGING*								$0.00
TAXI OR LIMO								$0.00
AIR/RAIL/BUS*								$0.00
AUTO RENTAL*								$0.00
PARKING FEE								$0.00
BRIDGE OR TOLLS								$0.00
TELEPHONE								$0.00
REGISTRATION FEE*								$0.00
PORTERAGE								$0.00
other expenses 1								$0.00
other expenses 2								$0.00

MEAL COST INCLUDES RELATED GRATUITIES.

"FULL RATE" PRIVATE AUTO MILEAGE 0.0 miles at 0.55 $ per mile $0.00

PLEASE FILL OUT ITINERARY BELOW FOR CORRECT MILEAGE CALCULATION

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

TOTAL EXPENSE $0.00

ITINERARY

DATE (MM/DD/YY)															TOTAL
	START	END	START	END	START	END	START	END	START	END	START	END	START	END	
TIME															
FROM:															
TO:															
TO:															
AUTO MILEAGE															0.0

ARE ADDITIONAL MEMOS ATTACHED ? (Y/N)

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

_____ DATE
TRAVELER'S SIGNATURE

PLEASE PRINT APPROVING AUTHORITY NAME & TITLE _____

APPROVING AUTHORITY SIGNATURE _____ DATE

DEPARTMENT CONTACT NAME _____

PHONE _____ E-MAIL _____

FOR QUESTIONS ABOUT THIS TEMPLATE: CONTACT UMBI OFFICE OF THE COMPTROLLER
DEPARTMENT RETAINS A COPY

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