

IS INDIVIDUAL A UMCP EMPLOYEE  
ON UMCP PAYROLL?  
(YES/NO): \_\_\_\_\_

UNIVERSITY 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	MILEAGE @ 1/2	SUBCODE	MILEAGE @ FULL	AMOUNT	IDENT
		REQUEST NO.	RATE		RATE		

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							
OTHER*							

MEAL COST INCLUDES RELATED GRATUITIES.

\*FULL RATE\* PRIVATE AUTO MILEAGE

\$0.40

\$0.46 after 9/2/05

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

TOTAL EXPENSE

ITINERARY

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

ARE ADDITIONAL MEMOS ATTACHED? Y/N

CERTIFIED JUST AND CORRECT AND PAYMENT NOT RECEIVED.....

DATE: \_\_\_\_\_

TRAVEL IN FULL COMPLIANCE WITH POLICY

TRAVELER'S SIGNATURE

PLEASE PRINT APPROVING AUTHORITY NAME & TITLE.....:

APPROVING AUTHORITY SIGNATURE.....:

DATE: \_\_\_\_\_

DEPARTMENT NAME & CONTACT PERSON.....:

PHONE.....:

E-MAIL.....: