

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

UNIVERSITY OF MARYLAND
BIOTECHNOLOGY INSTITUTE
EXPENSE STATEMENT

DATE

FRSACCOUNT

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 TRAVEL REQUEST NO.	MILEAGE @ 1/2 RATE	SUBCODE	MILEAGE @ FULL RATE	AMOUNT	IDENT
TR	86						

HOME ADDRESS: _____

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 \$ per mile

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

TOTAL EXPENSE

ITINERARY

DATE (MM/DD/YY)																TOTAL
	START	END	START	END	START	END	START	END	START	END	START	END	START	END	START	END
TIME																
FROM:																
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 CONTACT NAME _____

PHONE _____

E-MAIL _____

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