IS INDIVIDUAL A UMCP EMPLOYEE ON UMCP PAYROLL?

(Y/N) :

**UNIVERSITY OF MARYLAND COLLEGE PARK**

**EXPENSE STATEMENT** DATE :

KFS ACCOUNT

FIRST NAME AND MIDDLE INITIAL LAST NAME

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

TRIP NUMBER MILEAGE @ SUBCODE AMOUNT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | IDENT |
|  |  |  |  |  |  |  |  |
| HOME ADDRESS : |  |

PURPOSE OF TRAVEL

STREET/APT # CITY STATE ZIP

**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 MILEAe GE |  |  |  |  |  |
|  |
| \* 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

................................................................

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

DATE :

APPROVING AUTHORITY SIGNATURE ...................... . : DATE :

..................................................................

.................................................................

DEPARTMENT NAME & CONTACT PERSON ................. . :

PHONE . . : .......................... . E-MAIL .... . :

FOR QUESTIONS ABOUT THIS SEND AN E-MAIL REQUEST TO  spptravel@umd.edu