UNIVERSITY OF MARYLAND

TAR # _____

DEPARTMENT OF CIVIL & ENVIRONMENTAL ENGINEERING
TRAVEL EXPENSE STATEMENT

KFS ACCOUNT	SOCIAL SECURITY NO. *	FIRST AND MIDDLE INITIAL	LAST NAME

* SOCIAL SECURITY NUMBER MUST BE PROVIDED, IF NOT APPLICABLE, PLEASE PROVIDE IMMIGRATION STATUS WITH VISA AND PASSPORT NUMBER

PURPOSE OF TRAVEL: _____

(PLEASE SPECIFY)

→ ARE YOU A UMCP EMPLOYEE ON UMCP PAYROLL? ☐YES / ☐NO

→DID YOU SUBMIT A TRAVEL APPROVAL REQUEST ☐YES / ☐NO

HOME ADDREESS: _____

STREET/APT#   CITY   STATE   ZIP

EMAIL: _____ AND/OR PHONE: _____

TRAVEL EXPENSE BY DATE

DATE (MM/DD/YY)								TOTAL
BREAKFAST	BASED ON PER DIEM							
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

* ORIGINAL RECEIPTS MUST BE SUBMITTED TO BUSINESS OFFICE
PLEASE INCLUDE AIRPLANE BOARDING PASSES

$ AMOUNT OF TOTAL POV MILES TRAVELED (0.535 $ PER MILE)	
$ AMOUNT OF DEDUCTABLE COMMUTER MILES	
TOTAL EXPENSE	

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DATE (MM/DD/YY) →															TOTAL MILES TRAVELED
	START	END	START	END	START	END	START	END	START	END	START	END	START	END	
TIME: > > →															
FROM: > > →															
TO: > > →															
TO: > > →															
AUTO MILEAGE:															

UNIVERSITY POLICY REQUIRES USE OF MOTOR POOL SERVICES FOR TRIPS OVER 50 MILES

ADDITIONAL COMMENTS: _____

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

_____   _____
TRAVELER'S SIGNATURE   DATE

APPROVING AUTHORITY
SIGNATURE

_____   _____
PI's SIGNATURE   DATE

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