

IS INDIVIDUAL A UMCP EMPLOYEE
ON UMCP PAYROLL?

Yes No

**UNIVERSITY OF MARYLAND
COLLEGE PARK
DEPARTMENT OF
BIOLOGY
EXPENSE STATEMENT**

Date

KFS ACCOUNT	SOCIAL SECURITY NO*	FIRST NAME AND M.I.	LAST NAME

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

Home address:

Street/Apt# City State Zip

Purpose of Travel

Contact Info: Phone Number email

TRAVEL EXPENSE BY DATE

Date (MM/DD/YY)																		Total	
Breakfast \$10																			
Lunch \$12																			
Dinner \$25																			
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

TOTAL EXPENSE

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

ITINERARY

Date (MM/DD/YY)																	Total	
Time	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End		
From:																		
To:																		
To:																		
Auto Mileage																		

Are additional memos attached? Yes No

Traveler's Signature _____ Date _____

Approver's Signature _____ Date _____