

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

IS INDIVIDUAL A UMCP EMPLOYEE
ON UMCP PAYROLL?

Yes No

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 \$13										
Lunch \$15										
Dinner \$28										
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	
From:															
To:															
To:															
Auto Mileage															

Are additional memos attached? Yes No

Traveler's Signature _____ Date _____

Approver's Signature _____ Date _____