

MRSEC TRAVEL EXPENSE STATEMENT FORM

FIRST NAME	L	LAST NAME (FAMILY NAME):					DATE SUBMITTED			
HOME ADDRESS	S:									
		CITY STATE				ZIP				
EMAIL: ARE YOU CURRENTLY ON UMCP PAYROLL? SEMAIL ADDRESS ARE YOU CURRENTLY ON UMCP PAYROLL? SEMAIL S										
TRAVEL EXPENSES BY DATE										
DATE (MM/DD/YY)										
BREAKFAST*										
LUNCH*										
DINNER*										
LODGING**										
AIR										
TRAIN										
TAXI [†]										
BUS [†]										
REGISTRATION										
PARKING										
TOLLS [‡]										
If you would like to	o claim standa	ard per diem i	ates of reimb	ursement, ch	eck the boxes	. If you have	your exact me	eal amount, you	u may type	in the amour
If you have tax destination of e	xi or bus ex ach trip (i.e	openses lise. UMCP to	ted in the t Dulles air	able above port):	e, itemize e	ach expens	se in the sp	pace below v	with the o	rigin and
If you have to	ll expenses	s listed in th	ne table ab	ove, itemiz	e each exp	ense in the	e space bel	low with the	location	of the toll:
f you drove your personal vehicle, please provide the date & full address of both the origin and destination for each trip. Reimbursement will be calculated based on the current per-mile rate:										
Additional Com	ments:									
		S	IGNATURE							

TRAVELER'S SIGNATURE

DATE