The Institute *for* Systems Research

UNIVERSITY OF MARYLAND

TRAVEL EXPENSE STATEMENT

All information must be provided. Any missing or omitted information will result in delays in processing and payment of your travel reimbursement.

ARE YOU CURRENTLY ON THE UNIVERSITY PAYROLL? Y[ ] N[ ]
FRS NUMBER:

Last Name: First Name:
Social Security Number: Telephone Number:
Home Address: Email Address:
City, State, Zip code:

Leaving from: Departure Date:_____Departure Time:_____
Traveling to: Return Date:_____Return Time:_____

Trip Purpose: (Be Specific)

Travel Expenses by Date:

Date (MM/DD/YY)								**Total**
Air/Rail Fare*								
Lodging*								
Domestic Per Diem Rate: $45/day								
Breakfast: $9								
Lunch: $11								
Dinner: $25								
Phone/Fax*								
Ground Transportation* (tolls, shuttle, parking)								
Vehicle Rental*								
Vehicle Rental Gas*								
Personal Car Mileage								
Conference Fee*								
Other Travel Expenses* (Specify Expense & Cost)								
Other Travel Expenses* (Specify Expense & Cost)								

*Original receipts must be submitted for these expenses.

Expense Total: $_____

Private Auto Mileage by Date:

Date (MM/DD/YY)							
Traveled From & To: (name of Cities/Destination)							
# of Miles Traveled (Deduct Commuter Miles)							
Rate	0.56	0.56	0.56	0.56	0.56	0.56	0.56
Total	$	$	$	$	$	$	$

This document is for the purpose of recording travel related expenses ONLY. It is not an officially approved document. You must sign the APPROVED expense statement. Please DO NOT sign this document.