



MRSEC TRAVEL EXPENSE STATEMENT FORM

FIRST NAME (GIVEN NAME):

LAST NAME (FAMILY NAME):

SOCIAL SECURITY NUMBER:

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HOME ADDRESS:

STREET/APT. #	CITY	STATE	ZIP

EMAIL:

EMAIL ADDRESS

ARE YOU CURRENTLY ON UMCP PAYROLL?

YES
 NO

TRAVEL EXPENSES BY DATE

DATE (MM/DD/YY)										
BREAKFAST*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LUNCH*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DINNER*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LODGING**										
AIR										
TRAIN										
TAXI†										
BUS†										
REGISTRATION										
PARKING										
TOLLS‡										

*If you would like to claim standard per diem rates of reimbursement, check the boxes. If you have your exact meal amount, you may type in the amount.

**As long as your receipt is itemized, you may include the entire hotel cost under one day. Breaking it down by day in the table above is not necessary.

† If you have taxi or bus expenses listed in the table above, itemize each expense in the space below with the origin and destination of each trip (i.e. UMCP to Dulles airport):

‡ If you have toll expenses listed in the table above, itemize each expense in the space below with the location of the toll:

If 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 Comments:

SIGNATURE

TRAVELER'S SIGNATURE

DATE