

TRIP #: _____

REQUISITION#: _____



ELECTRICAL AND COMPUTER ENGINEERING DEPARTMENT TRAVEL EXPENSE STATEMENT

KFS #: _____ **Object-code:** _____
Soc. Sec. #: _____ **Last Name:** _____ **First Name:** _____
Email: _____ **Phone:** _____

NON Employee - please provide home address, reimbursement will be mailed to address entered below.

Street Number: _____ **City/State:** _____ **Zip Code:** _____

Leaving from (city/state, airport): _____ **Departure date:** _____ **Time:** _____

Traveling to (city/state, airport)*: _____ **Return Date:** _____ **Time:** _____

*When traveling to more than one location, please attach itinerary. Include dates. (Time determined by departure/return to residence)

Trip Purpose: _____

STUDENT TRAVELERS TO ENSURE COMPLIANCE WITH THE FEDERAL CLERY ACT, MUST PROVIDE THE SPECIFIC ADDRESS OF LODGING/HOUSING

Street Number: _____ **City/State:** _____ **Zip Code:** _____

REIMBURSEMENT REQUESTS:

Date (MM/DD/YY)								Totals
	US Rates	M & IE						
Breakfast*	\$10.00	15%						
Lunch	\$12.00	25%						
Dinner*	\$25.00	60%						
Air/Rail*- Boarding Passes								
Lodging/Housing*								
Phone/Fax/Internet*								
Ground Transportation*								
Vehicle Rental*								
Personal car mileage								
Conference Fee*								
Parking Fees*								
Other Travel Expenses*								

*Original itemized receipts must be obtained for these expenses and air/rail boarding passes

Daily Domestic Meal Rate \$47.00 includes tax and tip. (7/1/17)

Expense Total \$ _____

M & IE Rates for foreign travel (meal and incidental expenses) visit <http://aoprals.state.gov>

***Purchasing of Alcoholic beverages is not permitted**

***Breakfast reimbursement on first day of travel only if departing residence before 6:30am.**

***Dinner reimbursement on your last day, only if returning home after 6:30pm**

Foreign exchange rates, please visit <http://www.oanda.com/>

UMD travel information, please visit <http://www.dbs.umd.edu/travel/>

PRIVATE AUTO MILEAGE BY DATE (for gasoline reimbursement): **City of Departure:** _____ **zip code:** _____

Please indicate if your departure is from campus

Date (MM/DD/YY)							
Miles Traveled							
Reimbursement Rate	\$0.58	\$0.58	\$0.58	\$0.58	\$0.58	\$0.58	\$0.58
Total to be reimbursed							

POV rate is \$0.58 per mile, (01/01/19). Mileage is measured from the closer of the duty station or point of departure to destination & return for travel during normal work schedule, for travel on days not part of normal work schedule, actual mileage driven is reimbursable.

I certify that I am the "traveler" for the trip listed on this document and that the expenses claimed are in full compliance with university and USM travel policies and with any sponsored program restrictions and will not be/have not been otherwise reimbursed. I further certify that I have provided original receipts, as required, to be retained in the department file.

Traveler's Signature Date

Approving Authority Name/Title Signature
Please Print