



State of Maryland Expense Form

| | |
|--|-------------------------------|
| Department _____ | Chartfield Information |
| Division _____ | Account _____ |
| | Department _____ |
| | Fund _____ |
| | Program _____ |
| | Project _____ |
| Agency Code 360228 Employee Soc. Sec. # _____ | |
| Employee Name _____ | |
| Employee Address _____ | PO# _____ |
| | Receipt # _____ |
| | T # _____ |
| For Period Beginning _____ And Ending _____ | |

| Date | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Totals |
|---------------------------|--------|--------|---------|-----------|----------|--------|----------|-------------|
| Hotel Room | | | | | | | | 0.00 |
| Breakfast | | | | | | | | 0.00 |
| Lunch | | | | | | | | 0.00 |
| Dinner | | | | | | | | 0.00 |
| Telephone | | | | | | | | 0.00 |
| Fare (indicate below) | | | | | | | | 0.00 |
| Taxi | | | | | | | | 0.00 |
| Bridge or Road Tolls | | | | | | | | 0.00 |
| Mileage | | | | | | | | 0.00 |
| Parking | | | | | | | | 0.00 |
| Registration Fee | | | | | | | | 0.00 |
| Other | | | | | | | | 0.00 |
| Other | | | | | | | | 0.00 |
| Other | | | | | | | | 0.00 |
| | | | | | | | | 0.00 |
| Total Travel Costs | | | | | | | | 0.00 |

Method of Travel Plane Railroad Bus Other _____

Purpose of Travel _____

| Date | Start | End | Territory Covered Incurring Above Expenses | Total Miles | Total Commute Miles | Reimbursed Miles * |
|-------------------------------|-------|-----|--|-------------|---------------------|--------------------|
| Sunday | | | | | | 0 |
| Monday | | | | | | 0 |
| Tuesday | | | | | | 0 |
| Wednesday | | | | | | 0 |
| Thursday | | | | | | 0 |
| Friday | | | | | | 0 |
| Saturday | | | | | | 0 |
| | | | | | | 0 |
| Total Reimbursed Miles | | | | | | 0 |

*Compute equal to total miles if applicable
 **January 1, 2018 - December 31, 2018 Mileage Rate is 54.5 cents per mile
 *January 1, 2017 - December 31, 2017 Mileage Rate is 53.5 cents per mile
[Mileage Instructions](#)

Certified just and correct and payment not received _____ Date: _____
Signature of Employee

Approved by: _____ Approved by: _____
Immediate Supervisor Print Name (Authorized Approver)

Approved by: _____
Authorized Signature

Title: _____
Print

Telephone Number: _____