



## State of Maryland Expense Form

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

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

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						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
	<b>Total Reimbursed Miles</b>					

\*Compute equal to total miles if applicable  
 \*\*January 1, 2019 - December 31, 2019 Mileage Rate is 58.0 cents per mile  
 \*\*January 1, 2018 - December 31, 2018 Mileage Rate is 54.5 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: \_\_\_\_\_