

State of Maryland Expense Form

Department _____	Chartfield Information	
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 *) 4)								
Taxi								
Bridge or Road Tolls								
Mileage								
Parking								
Registration Fee								
Other								
Other								
Other								
	Total Travel Costs							

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						
	Total Reimbursed Miles					

*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: _____