Completing the Reimbursement Form

1) Please complete the form with social security number, home address and itinerary.

2) Original receipts are required for all requests for reimbursements (with the exception of per diem meals). We are unable to process reimbursements without receipts. If you are driving a personal car, please include MapQuest/Google Maps directions detailing the mileage. If you rent a Motor Pool car or other type of rental car, you may be reimbursed for gasoline.

3) If you purchased your airline ticket, train ticket, etc., your name and the last four digits of your card number should be on the receipt. If you do not have this information, please instead provide us with a copy of your credit card statement showing the charge.

4) Airfare and lodging paid for by the department is not reimbursable.

5) Meals are reimbursed at the current Per Diem rate which can be found here: http://www.dbs.umd.edu/travel/services/rates.php .

6) Mileage is reimbursed at the current POV rate per mile which can be found here: http://www.dbs.umd.edu/travel/services/rates/pov.php . Please attach MapQuest/Google Maps directions detailing the mileage you drove.

7) If you are not on UMD payroll please include the correct mailing address to mail your reimbursement check. Please do not use campus addresses. Your reimbursement will be processed by our Accounts Payable office and will take at least two to three weeks to be processed once they receive the approved forms. If you are on UMD payroll, you will be reimbursed directly to your paycheck.

8) UMD policy prevents us from reimbursing students for memberships to academic and professional organizations. Memberships for faculty and staff may not exceed two memberships annually per person and must be covered by discretionary funds (DRIF) or approved by a sponsor for funding in a contract or grant award.

Please mail the form and receipts to:

Fischell Department of Bioengineering
ATTN: Deborah Thompson
2330 Jeong H. Kim Building
College Park, MD 20742

If you have any further questions, please contact Deborah Thompson by email dthomp10@umd.edu or phone 301-405-8268.

IS INDIVIDUAL A UMCP EMPLOYEE
ON UMCP PAYROLL?

(Y/N) :

UNIVERSITY OF MARYLAND
COLLEGE PARK
EXPENSE STATEMENT

DATE :

FRS ACCOUNT	SOCIAL SECURITY NO*	FIRST NAME AND MIDDLE INITIAL	LAST NAME

* SOCIAL SECURITY NUMBER MUST BE PROVIDED. IF NOT APPLICABLE, PLEASE PROVIDE IMMIGRATION STATUS WITH VISA AND PASSPORT NUMBER.

DEDUCTION CODE	D/DE	OUT-OF-STATE REQUEST NO.	MILEAGE @ ½ RATE	SUBCODE	MILEAGE @ FULL RATE	AMOUNT	IDENT
TR	86						

HOME ADDRESS :

STREET/APT #   CITY   STATE   ZIP

PURPOSE OF TRAVEL

TRAVEL EXPENSE BY DATE

DATE (MM/DD/YY)								TOTAL
BREAKFAST								
LUNCH								
DINNER								
LODGING*								
TAXI OR LIMO								
AIR/RAIL/BUS*								
AUTO RENTAL*								
PARKING FEE								
BRIDGE OR TOLLS								
TELEPHONE								
REGISTRATION FEE*								
PORTERAGE								

MEAL COST INCLUDES RELATED GRATUITIES.   "FULL RATE" PRIVATE AUTO MILEAGE

" HALF RATE" PRIVATE AUTO MILEAGE

* ORIGINAL RECEIPTS MUST BE OBTAINED FOR EXPENSES NOT COVERED THROUGH PER DIEM   **TOTAL EXPENSE**

ITINERARY

DATE (MM/DD/YY)															TOTAL
TIME	START	END	START	END	START	END	START	END	START	END	START	END	START	END	
FROM:															
TO:															
TO:															
AUTO MILEAGE															

ARE ADDITIONAL MEMOS ATTACHED ? (Y/N)

CERTIFIED JUST AND CORRECT AND PAYMENT NOT RECEIVED....... :
TRAVEL IN FULL COMPLIANCE WITH POLICY

DATE :

TRAVELER'S SIGNATURE

PLEASE PRINT APPROVING AUTHORITY NAME & TITLE ...... : ....

APPROVING AUTHORITY SIGNATURE .... :   DATE :

DEPARTMENT NAME & CONTACT PERSON .... : ....

PHONE . . : ....   E-MAIL ..... : ....

FOR QUESTIONS ABOUT THIS TEMPLATE: CONTACT UMCP TRAVEL SERVICES (301)405-0607 OR SEND AN E-MAIL REQUEST TO TRAVOFF@mercury.umd.edu
DEPARTMENT RETAINS A COPY