

Mayland Community College
Travel Reimbursement Form

Instructions: Attach all necessary receipts and other supporting documents to this form and submit the original.
Retain one (1) copy for your records. MUST be filed at least monthly and not later than 30 days after month ends..

Payee Information

First	Middle	Last	SSN	Division
Street		City	Title	

Under penalties of perjury I certify this is a true and accurate statement of the city of lodging, expenses and allowances incurred in the services of the State.

I have examined this reimbursement request and certify that it is just and reasonable.

Claimant

Date

Supervisor

Date

Note: Original Signatures Must Appear on Original Copy

Period Covered by this Request	From	To
Total Expenses Claimed	Less Travel Allowance	Net Reimbursement

Travel (Show Each City Visited)	Transportation 1=Mode				Subsistence 2=Type			Other Expenses	
	1	* Miles	In State	Out of State	2	In State	Out of State	Explanation	Amount
Date: _____	P				B				
From: _____	A				L				
To: _____	O				D				
Purpose: _____	R				H				
*I for In State, O for Out of State →	P	Total							
Date: _____	P				B				
From: _____	A				L				
To: _____	O				D				
Purpose: _____	R				H				
*I for In State, O for Out of State →	P	Total							
Date: _____	P				B				
From: _____	A				L				
To: _____	O				D				
Purpose: _____	R				H				
*I for In State, O for Out of State →	P	Total							
Date: _____	P				B				
From: _____	A				L				
To: _____	O				D				
Purpose: _____	R				H				
*I for In State, O for Out of State →	P	Total							
Totals this Page →									

1) Mode of Travel	2) Subsistence *eff. 7/1/11	In-State	Out-of-State
P Privately owned car @ .555 per mile effective 7/1/11	Breakfast	8.00	8.00
A Air	Lunch	10.45	10.45
O Other, rail, bus, taxi, tolls, parking, fees	Dinner	17.90	20.30
R Rental car	Hotel	63.90	75.60
	Registration		

3) PRIOR approval by Department Chair **MUST** be obtained for any amounts in excess of the above.

