

UMCP Expense Statement

Is the individual on UMCP Payroll at the
time of reimbursement?

Date: _____

Yes No Student

KFS Account Number (if known)	Social Security Number*	First Name	Last Name

*SSN MUST be provided. If not applicable, please provide immigration status with visa and passport number.

Home Address: _____ Home/Cell Phone: _____
 _____ Work Phone: _____
 _____ E-mail Address: _____

Purpose of Travel: _____

Expenses

Date (mm/dd/yy)							
Breakfast*							
Lunch*							
Dinner*							
Lodging							
Taxi/Metro/Bus							
Air/Rail							
Auto Rental							
Parking Fees							
Registration Fees							
Other:							
Other:							
Other:							
Total							

*It is the general policy of the college that meals will not be reimbursed; however, when an exception has been made, payouts will not exceed current per diem rates.

Itinerary

Date (mm/dd/yy)							
Start Time							
End Time							
From							
To							

I certify that I incurred the above expenses while advancing the mission of the Philip Merrill College of Journalism and that they have not and will not be submitted to any other entity for payment.

Traveler's Signature

Date