**Is Individual on UMCP Payroll**

**at the time of reimbursement?**

Yes  No  Student

**SMART CENTER**

**TRAVEL REIMBURSEMENT REQUEST**

**Department:**

**TAR#**

**Date:** 9/28/2021

|  |  |  |  |
| --- | --- | --- | --- |
| **KFS Account Number** | **Social Security Number** + | **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

**Home Street Address and Apartment #:**

**Home City, State Zip Code:**

**Home Telephone:**

**Work Telephone:**

**E-mail Address:**

**\*Contact person’s name, phone number, and e-mail (when applicable):**

\*This is the person who will be contacted if there are any questions about the receipts, expenses, itinerary, etc.

**Purpose of Travel:**

**EXPENSES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date (mm/dd/yy)** | | | | | | | |  | | | |  |  |  |  |  |  |  | |
| **Breakfast** ^ | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Lunch** ^ | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Dinner** ^ | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Lodging** \* | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Taxi/Metro/Bus\*** | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Air/Rail** \* | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Auto Rental** \* | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Parking Fees\*** | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Tolls\*** | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Telephone/internet\*** | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Registration Fees** \* | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Gratuities (non-meal)** | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Other:** | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Other:** | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
| **Other:** | | | | | | | |  | | | |  |  |  |  |  |  | $0.00 | |
|  | | | | | | | |  |  |  | **Private car mileage (whole numbers)** | | | | 0 | Miles at | $ 0.56 | $0.00 | |
|  |  |  |  |  |  |  | TOTAL EXPENSES | | | | | | | | | | | | $0.00 |

^ Only meals listed will be reimbursed and only up to the allowable per diem rates. Meal costs

include related gratuities.

Meals provided at the event or inflight are not reimbursable.

\* Original Receipts must be obtained for all expenses not covered through Per Diem.

\* Please do not attach receipts for expenses not being requested. Do not list expenses paid by UMD.

**ITINERARY**

(mileage will be checked using Google maps)

\*Please complete times of travel and destinations for all travel

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date (mm/dd/yy)** |  |  |  |  |  |  |  |  |  |
| **Start Time** |  |  |  |  |  |  |  |  |  |
| **End Time** |  |  |  |  |  |  |  |  |  |
| **From** |  |  |  |  |  |  |  |  |  |
| **To** |  |  |  |  |  |  |  |  |  |
| **To** |  |  |  |  |  |  |  |  |  |
| **Auto Mileage** |  |  |  |  |  |  |  |  | 0 |

|  |  |  |
| --- | --- | --- |
| **By signing this request, I acknowledge all expenses are appropriate for UMD reimbursement.** |  |  |
|  | Traveler’s Signature | Date |

**The UMD Travel Expense Statement will be mailed for final review/signature once expenses have been approved for reimbursement.**

[**bsossmartcenter@umd.edu**](mailto:help@smartcenter.umd.edu)

Mailing Address: BSOS Smart Center; 7343 Preinkert Drive; University of Maryland; College Park, MD 20742

Location: 2115 Tydings Hall; University of Maryland; College Park, MD 20742