STATE OF MARYLAND EXPENSE ACCOUNT

University System of Maryland Salisbury University

Salisbury University Agency 36.02.29

Name				nmy Seagull			UK	Апп. Арр.	Dept. Code	Signature	
Address				se print or type) amden Aven	ue	4					
			Salisbu	ıry, MD 2180	01		_				
Empl ID/ Student I	D #	1234567									
Method of Travel			Plane State Private Other				1				
Purpose of Travel		To atten	d the annual	Vehicle	Car	f Seagulls					
							-	Assigned Offic Location (City)			
		i .				1					
<u> </u>		Date	15-Oct	16-Oct	17-Oct	18-Oct					Documentation Needed:
			Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals	
Hotel Room			225.00	225.00	225.00					675.00	copy of hotel registration
Breakfast						9.00				9.00	
Lunch						11.00				11.00	
Dinner/Per Diem			45.00	45.00	45.00					135.00	
Telephone										0.00	
Fare (as indicated above)			348.79							348.79	copy of booked airfare
Taxi										0.00	
Bridge or Road Tolls										0.00	
Mileage* (see below)										0.00	
Parking										0.00	
Registration			500.00							500.00	copy of paid registration fee
Miscellaneous										0.00	AND acceptance notice
										0.00	
Totals			1,118.79	270.00	270.00	20.00	0.00	0.00	0.00	1,678.79	
INFOR	MATIO	N BELOW	IS A REQU	UIRED PAR	RT OF THIS	DOCUMEN	IT IF EXPE	NSE IS TRA	VEL RELAT	ED	
	Day Start/End Territory Covered Incurring				g Expenses		Total Miles	Reimbursed	Mileage		
Date		Time	(include city and county)						Miles-Total	Rate	
10/15/2017	Sun	6:00 AM	Salisbury, MD to Orlando, FL								
10/18/2017 Wed 6:00 PM			Orlando, FL to Salisbury, MD								
	<u> </u>					1					
I certify my subm have already sub											
Sammy Seagull 9/1/2017											
Employee Sign				Date	-	D	Dean/Director Signature Date				
(not needed un	til final	expenses a	re submitted))							
Supervisor Sign	nature			Date	=	Vi	ce President/	Provost Signa	ature	Date	

Agency Use Only

Rev 072013