I-95 CORRIDOR COALITION - UNIVERSITY OF MARYLAND
EXPENSE STATEMENT

TAR #
Vendor ID #

KFS Account	TRAVEL APPROVAL REQ. (TAR) NO.	VENDOR ID NO.	FIRST AND MIDDLE INITIAL	LAST NAME
9993570				

Home address* _____
Street City/State Zip

E-mail: _____ Phone: _____

Purpose of Travel _____

Travel Expense by Date

DATE (mm-dd-yy)								Total
Breakfast								0
Lunch								0
Dinner								0
Lodging*								0
Taxi or Limo*								0
Air/Rail/Bus*								0
Auto Rental*								0
Parking Fee*								0
Bridge or Tolls*								0
Internet*								0
Registration Fee*								0
Metro*								0
								0
								0
		Private Auto Mileage		0 Miles at		0.58	¢ Per Mile	0
							Total Expenses	0

Based on Per Diem

*Original receipts must be obtained
For expenses not covered by per diem

Meal cost includes related gratuities

Breakfast $13.00
Lunch $15.00
Dinner $28.00

DATE (mm-dd-yy)								Total Mileage
Time	Start / End	Start / End	Start / End	Start / End	Start / End	Start / End	Start / End	
From								
To								
To								
Auto Mileage								0

Remarks: (Attach Additional Memos)

Certified just and correct and payment not received:
Travel in full compliance with policy

_____ Traveler's Signature

_____ Date