

BOWIE STATE UNIVERSITY

Employee Travel & Expense Reimbursement Form

AGENCY: Bowie State University R23
NAME: _____
HOME ADDRESS: _____
City: _____ **State:** _____ **Zip:** _____
S.S. # _____
Office Location Bowie State University
1-Way Commute Miles to Office: _____

For Agency Use Only	
Program and Item Number	Amount

For Period Beginning: _____ Ending _____

DATE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
Hotel Room								0.00
Breakfast								0.00
Lunch								0.00
Dinner								0.00
Telephone								0.00
Fare (indicate below)								0.00
Taxi and/or Shuttles								0.00
Bridge or Road Tolls								0.00
Mileage*(Dollar Amount)								0.00
Parking								0.00
Registration Fee								0.00
Miscellaneous Expenses-Gas								0.00
Other Expenses								0.00
Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Method of Travel: Plane Train Bus State Vehicle Private/Personal Vehicle Other: _____

Purpose of Travel: _____

Date	Time		TERRITORY COVERED INCURRING ABOVE EXPENSES	Total Number of Miles Traveled	Less: Normal Commute Miles	*Reimbursable Miles
	Start	End				
Day						
Sunday						0.0
Monday						0.0
Tuesday						0.0
Wednesday						0.0
Thursday						0.0
Friday						0.0
Saturday						0.0

Total Reimbursable Miles 0.0

Certified just and correct:

_____ **Employee Signature/Date**
 _____ **Supervisor Signature/Date**
 _____ **Dean/Director Signature/Date**
 _____ **V.P./Provost Signature/Date**
 _____ **Sponsored Programs/Date**

Account	Fund	Department	Program	Class	Grant/Project	Subtotals
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TOTAL						0