

CSCAMM Travel Reimbursement Form

- 1) Please fill out form completely and print it out.
- 2) Attach original receipts, airline tickets and stubs.
- 3) Send completed form with receipts attached to **CSCAMM Business Office**

TAR # _____
 FRS # _____
 P.I. Approval Signature: _____

Name:

Social Security # (or attach copies of passport & US visa)

Home Address:

Purpose of travel and destination:

Exchange rate (if applicable):

Please print and attach exchange rate for dates of travel from <http://www.oanda.com/converter/classic>

ITINERARY

Dates (MM/DD/YYYY)								
	Start	End	Start	End	Start	End	Start	End
Time								
From								
To								
Private Auto Mileage								

TRAVEL EXPENSES BY DATE

Dates (MM/DD/YYYY)								TOTAL	
Breakfast**									
Lunch**									
Dinner**									
Lodging									
Taxi or Limo									
Air/Rail/Bus									
Auto Rental									
Parking Fee									
Bridge or Tolls									
Telephone									
Registration Fee									
Porterage									
Private Auto Mileage* (please include in above itinerary)							miles@	per mile:	
							TOTAL EXPENSES:		

*Private Auto Mileage Rates

Private Auto Mileage in excess of normal daily commute

55 cents/mile: if driving to/form local airport. Specify airport: _____

Distance measured from UMCP to the airports:
 DCA - 13.8 mi, BWI - 27.5 mi, IAD - 35.8 mi

**Domestic Travel Meal Maximums (effective July 1, 2014)

Breakfast: \$9.00 If departure is earlier than 6:30 a.m.
 Lunch: \$11.00
 Dinner: \$25.00 If return is later than 6:30 p.m.

Remarks:
