

BOWIE STATE UNIVERSITY

Travel 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									
DAY	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
Day	Start	End				
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

TOTAL

0