

BOWIE STATE UNIVERSITY

Travel Reimbursement Form

AGENCY: Bowie State University R23
NAME: (1) Jane Done
HOME ADDRESS: (1) 1000 Look Drive
City: (1) Bowie **State:** MD **Zip:** 20715
S.S. # (1) 000-00-0000
Office Location Bowie State University
1-Way Commute Miles to Office: 5 (2)

For Agency Use Only	
Program and Item Number	Amount

For Period Beginning: 08/02/10 Ending 08/06/10

	DATE		08/02/10	08/03/10	08/04/10	08/05/10	08/06/10		
	DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
Hotel Room	3		87.52	87.52	87.52	87.52			350.08
Breakfast	4,5,6		8.00	8.00	8.00	8.00	8.00		40.00
Lunch	4,5,6		10.00	10.00	10.00	10.00	10.00		50.00
Dinner	4,5,6		24.00	24.00	24.00	24.00			96.00
Telephone	7		4.00		4.00				8.00
Fare (indicate below)	8								0.00
Taxi and/or Shuttles	9								0.00
Bridge or Road Tolls	10								0.00
Mileage*(Dollar Amount)	11		122.50				122.50		245.00
Parking	12								0.00
Registration Fee	13								0.00
Miscellaneous Expenses	14		2.00				2.00		4.00
Other Expenses	15								0.00
Totals		0.00	258.02	129.52	133.52	129.52	142.50	0.00	793.08

Method of Travel: (8) ☐ Plane ☐ Train ☐ Bus ☐ State Vehicle ☐ Private/Personal Vehicle Other: _____

Purpose of Travel: (16)

(17) Time		(18) TERRITORY COVERED INCURRING ABOVE EXPENSES	Total Number of Miles Traveled	Less: Normal Commute Miles	*Reimbursable Miles
Date	Start End				
Day		(18)			0.0
Sunday					
8/2	6:00 am	Bowie, MD to Pittsburgh, PA	250.0	5.0	245.0
Monday					0.0
8/3					0.0
Tuesday					0.0
8/4					0.0
Wednesday					0.0
8/5					0.0
Thursday					0.0
8/6	4:00 pm	Pittsburgh, PA to Bowie, MD	250.0	5.0	245.0
Friday					0.0
Saturday					0.0

Total Reimbursable Miles 490.0

Certified just and correct:

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

(19) Account	Fund	Department	Program	Class	Grant/Project	Subtotals
3331	40	155040	06	04		396.54
3331	40	155020	06	04		396.54
TOTAL						793.08