

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	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
DAY								
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				
						0.0
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
TOTAL				0