

State of Maryland Expense Form

Department								Cha	artfield Inform	nation	
•							Account				
Division								Department Fund			
Agency Code 360228			Employee Soc. Sec. #					Program			
Employee Name								Project			
								PO#			
Employee Address								Receipt #			
			l					Ι π			
For Period Beg	jinning		And Ending								
Date											
Day			Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals	
Hotel Room Breakfast											
Lunch											
Dinner											
Telephone											
Fare (indicate I	below)										
Taxi Bridge or Road	l Tolls										
Mileage	. 10110										
Parking											
Registration Fe	ee										
Other Other											
Other											
					•			Total Travel	Costs		
Method of Trav	/el	Plane		Railroad		Bus		Other			
Purpose of Travel											
Data											
Date		1							Total		
									Commute	Reimbursed	
Day	Start	End	End Territory Covered Incurring Above Expenses					Total Miles	Miles	Miles *	
Sunday											
Monday Tuesday											
Wednesday											
Thursday											
Friday											
Saturday								Total Paimb	uread Milas		
*Compute equal to total miles if applicable *July 1, 2022 - December 31, 2022 Mileage Rate is \$0.625 per mile *January 1, 2022 - June 30, 2022 Mileage Rate is \$0.585 per mile *Mileage Instructions											
Certified just ar	nd correct and	d paymen	t not received		Sign	nature of Emplo	ovee		Date:		
					- 3		•				
Annroved by						Annroved by:					
. фр. отош 29.	Approved by:Proved by:							rint Name (Authorized Approver)			
	Approved by:							Authorized Signature			
								Authorizeu Signature			
	Title:							Print			
					Tolon	hone Number:					