

St. Mary's College of Maryland - Expense Account

Agency Code - R14

Name: _____

SMCM ID# _____

Address: _____

Purpose of Travel: _____

Travel Method ('X'): Plane _____ Rail _____ SMCM Car _____ Personal Car _____

Destination	Date	Start Time	End Time	Total Miles	Mileage Rate	Total Mileage Reimbursement
					0.500	-
					0.500	-
					0.500	-

Date								Totals
Mileage from above								-
Hotel Room								-
Breakfast								-
Lunch								-
Dinner								-
Telephone								-
Fare (Plane/Rail)								-
Taxi/Bus								-
Parking/Tolls								-
Registration								-
Car Rental								-
								-
								-
Total	-	-	-	-	-	-	-	-

Budget Account #1 _____ Actual Cost Approved/Budget Account #1 _____ -

Budget Account #2 _____ Actual Cost Approved/Budget Account #2 _____ -

Less: Prepaid/Direct Billed Expenses _____

Less: Travel Advance _____

Amount Due Traveler/(College) _____ -

Signature of Traveler _____ Date _____
(Certified just and correct)

Signature of Budget Manager #1 _____ Date _____

Reimbursed by Petty Cash (if available) Yes _____ No _____
***Requires check to be picked-up from Business Office or mailed to home address.
cash checks will **not** be sent through campus mail.

Signature of Budget Manager #2 _____ Date _____
Petty

***** Business Office Use Only *****

Budget Account			
Travel (I/S)	(66010)		
Travel (O/S)	(66070)		
Registration (I/S)	(66020)		
Registration (O/S)	(66080)		
Hotel/Meals (I/S)	(66030)		
Hotel/Meals (O/S)	(66090)		
Mileage	(66040)		
Car Rental	(66060)		
Total			

Approved for P/C Reimbursement _____

Date of Reimbursement _____

Check # _____ Check Date _____

Check Amount _____