



MARYLAND STATE DEPARTMENT OF EDUCATION

**200 W. BALTIMORE STREET
BALTIMORE, MARYLAND 21201-2595**

EXPENSE REPORT FOR CONSULTANT SERVICES

PURPOSE: _____

PERSONAL VEHICLE ☐

CONTRACT # _____

DATE: _____ FROM: _____ TO: _____

PUBLIC TRANSPORT ☐

SSN OR FED ID # _____

DATE	FEE Contract Rate			TRANSPORTATION (Rates Effective January 1, 2024) Automobile Rate @ per Mile				MEALS (Attach Receipts)			HOTEL	OTHER (Attach Receipts)		
	NO. OF HOURS	RATE PER HOUR	AMOUNT	FROM-TO	RATE PER MILE	MILES	AMOUNT	BREAKFAST \$15.00	LUNCH \$18.00	DINNER \$30.00	ATTACH RECEIPT	PURPOSE OF BUSINESS	AMOUNT	TOTALS
TOTAL:														

All consultant expenses as agreed on contract

Total Reimbursement

I certify this form to be just and correct. No payment was received for the same items currently submitted on and contained in this form.

DIVISION/OFFICE: _____

FORM SUBMITTOR NAME:

APPROVED:

SIGNATURE:

 Person responsible for contract Date

MAILING ADDRESS:

RECOMMENDED FOR
PAYMENT:

_____ If new address, provide effective
date: _____