

FROM:

## MARYLAND STATE DEPARTMENT OF EDUCATION

200 W. BALTIMORE STREET

BALTIMORE, MARYLAND 21201-2595

EXPENSE REPORT FOR CONSULTANT SERVICES

PURPOSE:

PERSONAL VEHICLE

CONTRACT #\_\_\_\_\_

DATE:

TO:

PUBLIC TRANSPORT

SSN OR FED ID #

	FEE			TRANSPORTATION (Rates Effective January 1, 2024)				MEALS			HOTEL	OTHER		
		Contract Ra	te	Automobile Rate @ per Mile			(Attach Receipts)				(Attach Receipts)			
DATE	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:
- RECOMMENDED FOR	Person responsible for contract Date	MAILING ADDRESS:
PAYMENT:	Assistant State Superintendent or Project/Program Manager Date	If new address, provide effective