SSN or			ACCOUNTING USE ONLY:  Document #:							
WORKDA'	Y t:									
NAME: Reporting Month and Year:							E RETURNED			
INAIVIL	(Last) (First) (MI)			-	PCA	AOBJ	*AMOUNT			
HOME	E					1,020				
ADDRESS	3:			-						
				_						
	(City) (STATE)		(Zip Code)							
If New Add	ress Give Effective Date:			<del>-</del> '		TOTAL				
	RECEIPTS REQUIRED Except fo ORIGINAL RECEIPTS MUST BE TAPED SEPARATELY T  EXPENSE REPORTS IMPR	O A SHEET OF PAPER; A COPY	OF ALL SUPPORT	TING DOCUM RNED WIT	ENTS MUST ACCOMPANY ORIGINA THOUT BEING PROCESSE	<u>D</u>				
DATE	STARTING ADDRESS		BREAK		OTHER EXPENSES DESCRIPTION	OTHER EXPENSES	TOTAL			
	FINAL DESTINATION ADDRESS	PURPOSE OF TRAVEL	DINNI		(Include Room)	AMOUNT	(Across)			
	Start Time & Location:		BREAKFAST -							
	Finish Time & Location:		LUNCH - DINNER -							
	Start Time & Location:				1					
			BREAKFAST - LUNCH -							
	Finish Time & Location:		DINNER -							
	Start Time & Location:									
			BREAKFAST - LUNCH -							
	Finish Time & Location:		DINNER -							
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	Finish Time & Location:		LUNCH - DINNER -							
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			BREAKFAST - LUNCH -							
	Finish Time & Location:		DINNER -							
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			BREAKFAST - LUNCH -							
	Finish Time & Location:		DINNER -							
	Start Time & Location:		BREAKFAST -							
	Finish Time & Location:		LUNCH - DINNER -							
		CURTOTAL								
		SUBTOTALS			DEDOONAL VELUOLEO. August	1.5. 5. 450				
		MILEAGE REIMBU		R USE OF F <b>JSINESS M</b>	PERSONAL VEHICLES - Attac IILES x Current Mile					
					TOTAL ALL EXPENSES - (Inc					
EMPLOYEE SIGNATURE DATE			- ADVANCE AMOUNT (Deduct) -							
Conta	act Phone # ( )		_		F DUE YOU IF REIMBURSEM					
	DIVISION APPROVAL - IMMEDIATE SUP	DATE	_	Д	MOUNT DUE MSDE IF ADVA	NCE IS GREATER				

DATE

Finance Rep Review:

Date

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DBS APPROVAL

## Maryland State Department of Education Private Vehicle Travel Log – Form AF-2

Driver's Name:		Month/Year: One-Way Commute Miles:					
Date	Itinerary (multiple origins and destination can be li		Total Mileage (including commute)				
Bate	From:	sted in the From Section,	commute	Traveled			
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	From:						
	1	Total Mileage:					

Submit 1 original and 1 copies of mileage form.