SSN or					ACCOUN  Document #:	TING USE ONLY:	
WORKDAY ID#				rting Mont			
NAME:			Repor		1 and Year: THIS INFORMATION MUST BE COMPI	LETED OR REPORT WILL E	BE RETURNED
INAIVIL.	(Last) (First) (MI)				PCA	AOBJ	*AMOUNT
HOME					FCA	AOBJ	AWOUNT
ADDRESS:							
	(City) (STATE)		(Zip Code)				
f New Addr	ess Give Effective Date:					TOTAL	
	RECEIPTS REQUIRED Except fo ORIGINAL RECEIPTS MUST BE TAPED SEPARATELY T  EXPENSE REPORTS IMPR	O A SHEET OF PAPER; A COPY	OF ALL SUPPORTING I LL BE RETURNE	DOCUMENT	S MUST ACCOMPANY ORIGINA OUT BEING PROCESSE	<u>D</u>	
DATE	STARTING ADDRESS		BREAKFAST	Т	OTHER EXPENSES	OTHER	TOTAL
DAIL	FINAL DESTINATION ADDRESS	PURPOSE OF TRAVEL	LUNCH DINNER		DESCRIPTION (Include Room)	EXPENSES AMOUNT	(Across)
	Start Time & Location:		D.I.I.L.I.		(melade recein)	7	( 1117)
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:						
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		PDEAKEAGE				
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		DDEAKEAGT				
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
			LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
			DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	- mor mile a coalem						
		SUBTOTALS					
		MILEAGE REIMBUI	RSEMENT FOR USE TOTAL BUSIN		SONAL VEHICLES - Attacl S x Current Mile		
						TOTAL PG 2	
						TOTAL PG 3	
						TOTAL PG 4	
						TOTAL PG 5	
			_	TOT	TAL ALL EXPENSES - (Inc	:lude Mileage) +	
	EMPLOYEE SIGNATURE	DATE	_		ADVANCE A	MOUNT (Deduct) -	
Contac	ct Phone # ( )		AN	MOUNT DI	JE YOU IF REIMBURSEMI	ENT IS GREATER:	
	. ,		_		UNT DUE MSDE IF ADVA		
	DIVISION APPROVAL - IMMEDIATE SUP	DATE	_	AIVIO	ONT DUL WISDE IF ADVA	NOL IO UNEATER	
			Fi	inance Re	p Review:		
	DRS APPROVAL	DATE	_				Date

SSN or					ACCOUN  Document #:	ITING USE ONLY:	
WORKDAY ID#:							
			R	Reporting M	onth and Year:		
NAME:	(Last) (First) (MI)			_			
	RECEIPTS REQUIRED Except for: ORIGINAL RECEIPTS MUST BE TAPED SEPARATELY TO	Meter Parking, Unattended Tol	II, Unattended Pa	arking Lot, Tr	ansit Fare, Pay Station Phone	AL DOCUMENTS.	
	EXPENSE REPORTS IMPRO		LL BE RETU	RNED WI	THOUT BEING PROCESSE	<u>D</u>	
DATE	STARTING ADDRESS		BREAK LUN		OTHER EXPENSES DESCRIPTION	OTHER EXPENSES	TOTAL
	FINAL DESTINATION ADDRESS	PURPOSE OF TRAVEL	DINN		(Include Room)	AMOUNT	(Across)
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:						
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:				1		
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:						
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
		SUBTOTALS					
	EMPLOYEE SIGNATURE	DATE	-				
	DIVISION APPROVAL - IMMEDIATE SUP	DATE					

DBS APPROVAL

DATE

Finance Rep Review:

SSN or						ITING USE ONLY:	
WORKDAY					Document #:		
ID#:			Re	porting M	onth and Year:		
NAME:	(Last) (First) (MI)						
	RECEIPTS REQUIRED Except for: ORIGINAL RECEIPTS MUST BE TAPED SEPARATELY TO	Meter Parking, Unattended Toll	, Unattended Park	king Lot, Tra	ansit Fare, Pay Station Phone	AL DOCUMENTS	
	EXPENSE REPORTS IMPRO						
DATE	STARTING ADDRESS		BREAKF		OTHER EXPENSES	OTHER	TOTAL
DAIL	FINAL DESTINATION ADDRESS	PURPOSE OF TRAVEL	LUNCI DINNE		DESCRIPTION (Include Room)	EXPENSES AMOUNT	(Across)
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:						
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:						
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:						
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
		SUBTOTALS					
		0.75					
	EMPLOYEE SIGNATURE	DATE					
	DIVISION APPROVAL - IMMEDIATE SUP	DATE					
	DIVISION AFFROVAL - IMMEDIATE SUP	DATE		Einans	Pop Povicus		
	DBS APPROVAL	DATE	-	rinance	Rep Review:		Date

SSN or						NTING USE ONLY:	
WORKDAY					Document #:		
ID#:			R	eporting M	onth and Year:		
NAME:	(Last) (First) (MI)						
	RECEIPTS REQUIRED Except for: ORIGINAL RECEIPTS MUST BE TAPED SEPARATELY TO	Meter Parking, Unattended Toll	, Unattended Pa	rking Lot, Tra	ansit Fare, Pay Station Phone	JAI DOCUMENTS	
	EXPENSE REPORTS IMPRO						
DATE	STARTING ADDRESS		BREAK		OTHER EXPENSES	OTHER	TOTAL
	FINAL DESTINATION ADDRESS	PURPOSE OF TRAVEL	LUNC DINNI		DESCRIPTION (Include Room)	EXPENSES AMOUNT	(Across)
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:						
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:						
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:						
	Finish Time 9 Legation		BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
		SUBTOTALS					
	EMPLOYEE SIGNATURE	DATE					
	DIVISION APPROVAL - IMMEDIATE SUP	DATE					
			_	Finance	Rep Review:		
	DBS APPROVAL	DATE	-				Date

SSN or						NTING USE ONLY:	
WORKDAY					Document #:		
ID#:			Rep	orting Mo	onth and Year:		
NAME:	(Last) (First) (MI)						
	RECEIPTS REQUIRED Except for:	Meter Parking, Unattended Tol	, Unattended Parki	ng Lot, Tra	nsit Fare, Pay Station Phone	IAL DOCUMENTO	
	ORIGINAL RECEIPTS MUST BE TAPED SEPARATELY TO  EXPENSE REPORTS IMPRO						
DATE	STARTING ADDRESS		BREAKFA		OTHER EXPENSES	OTHER	TOTAL
DATE	FINAL DESTINATION ADDRESS	PURPOSE OF TRAVEL	LUNCH DINNER		DESCRIPTION (Include Room)	EXPENSES AMOUNT	(Across)
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:	<u> </u>				1	
	Call 1.1110 & 2564.01.1		BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:						
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
	Start Time & Location:						
			BREAKFAST - LUNCH -				
	Finish Time & Location:		DINNER -				
	Start Time & Location:		BREAKFAST -				
	Finish Time & Location:		LUNCH - DINNER -				
		SUBTOTALS					
	EMPLOYEE SIGNATURE	DATE					
	LIBE LO I LE SIGNATURE	DATE					
	DIVISION APPROVAL - IMMEDIATE SUP	DATE					
		DATE		Finance	Rep Review:		
	DBS APPROVAL	DATE	=	. mance	TOP INEVIEW.		Date

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

Driver s Name: SSN or WORKDAY ID : Division/Branch:		Month/Year: One-Way Commute Miles:						
	Itinerary (multiple origins and destination can be		Total Mileage (including	Total Number of Business Miles Traveled				
Date	From:	listed in the From Section)	commute)	Traveled				
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	From:							
	1	Total Mileage:						

Submit 1 original and 1 copy of mileage form.