

SSN or  
WORKDAY  
ID# \_\_\_\_\_

Document #:

Page 1 of

MARYLAND STATE DEPARTMENT OF EDUCATION MONTHLY EXPENSE REPORT

SSN or  
WORKDAY  
ID#: \_\_\_\_\_

ACCOUNTING USE ONLY:  
Document #: \_\_\_\_\_

Reporting Month and Year: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (MI)

**RECEIPTS REQUIRED** Except for: Meter Parking, Unattended Toll, Unattended Parking Lot, Transit Fare, Pay Station Phone  
**ORIGINAL RECEIPTS *MUST* BE TAPED SEPARATELY TO A SHEET OF PAPER; A COPY OF ALL SUPPORTING DOCUMENTS MUST ACCOMPANY ORIGINAL DOCUMENTS.**  
**EXPENSE REPORTS IMPROPERLY SUBMITTED WILL BE RETURNED WITHOUT BEING PROCESSED**

DATE	STARTING ADDRESS FINAL DESTINATION ADDRESS	PURPOSE OF TRAVEL	BREAKFAST LUNCH DINNER	OTHER EXPENSES DESCRIPTION (Include Room)	OTHER EXPENSES AMOUNT	TOTAL (Across)
	Start Time & Location:  Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
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	Start Time & Location:  Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
SUBTOTALS						

EMPLOYEE SIGNATURE

DATE

DIVISION APPROVAL - IMMEDIATE SUP

DATE

DBS APPROVAL

DATE

Finance Rep Review: \_\_\_\_\_  
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_____ EMPLOYEE SIGNATURE	_____ DATE	<div></div>
_____ DIVISION APPROVAL - IMMEDIATE SUP	_____ DATE	
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EMPLOYEE SIGNATURE DATE

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Date

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

Driver's Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_  
SSN or WORKDAY ID : \_\_\_\_\_ One-Way  
Division/Branch: \_\_\_\_\_ Commute Miles: \_\_\_\_\_

[illegible]

**Submit 1 original and 1 copy of mileage form.**