SSN or WORKDAY	,			ACCOUNTING USE ONLY: Document #:				
ID#:			_ R	Reporting M	onth and Year:			
NAME:								
	(Last) (First) (MI)			_	PCA	AOBJ	*AMOUNT	
HOME				=				
ADDRESS:				_				
	(City) (STATE)		(Zip Code)	_				
			(Zip Code)			TOTAL		
If New Addre	ess Give Effective Date:			=		TOTAL		
	RECEIPTS REQUIRED Except for: ORIGINAL RECEIPTS MUST BE TAPED SEPARATELY TO	A SHEET OF PAPER; A COPY	OF ALL SUPPOR	TING DOCUM	IENTS MUST ACCOMPANY ORIGIN			
	EXPENSE REPORTS IMPRO	PERLY SUBMITTED WI	LL BE RETU BREAK		OTHER EXPENSES OTHER			
DATE	STARTING ADDRESS		LUNG		DESCRIPTION	EXPENSES	TOTAL	
	FINAL DESTINATION ADDRESS	PURPOSE OF TRAVEL	DINN	ER	(Include Room)	AMOUNT	(Across)	
	Start Time & Location:		BREAKFAST -					
	Finish Time & Location:		LUNCH - DINNER -					
	Start Time & Location:	1			1	<u> </u>		
			BREAKFAST - LUNCH -					
	Finish Time & Location:		DINNER -					
	Start Time & Location:							
			BREAKFAST - LUNCH -					
	Finish Time & Location:		DINNER -					
	Start Time & Location:		BREAKFAST -					
	Finish Time & Location:		LUNCH - DINNER -					
	Start Time & Location:	1				1		
			BREAKFAST - LUNCH -					
	Finish Time & Location:		DINNER -					
	Start Time & Location:							
			BREAKFAST - LUNCH -					
	Finish Time & Location:		DINNER -			<u> </u>		
	Start Time & Location:		BREAKFAST -					
	Finish Time & Location:		LUNCH - DINNER -					
		SUBTOTALS	•					
				BUSE OF I	PERSONAL VEHICLES - Attac	h Boy Form AF 2		
		WILLEAGE REIWIDO		USINESS M				
					TOTAL ALL EXPENSES - (Inc	clude Mileage) +		
	EMPLOYEE SIGNATURE	DATE	_		ADVANCE A	MOUNT (Deduct) -		
				AAAQ1 12 :-	T DUE VOLLIE DE PROPE	ENT IC ODEATES		
Contac	t Phone # ()		_		T DUE YOU IF REIMBURSEM			
	DIVISION APPROVAL - IMMEDIATE SUP	DATE	_	Α	MOUNT DUE MSDE IF ADVA	INCE 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.