

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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SUBTOTALS						

EMPLOYEE SIGNATURE

DATE

DIVISION APPROVAL - IMMEDIATE SUP

DATE

DBS APPROVAL

DATE

Finance Rep Review: _____

Date

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EMPLOYEE SIGNATURE DATE

DIVISION APPROVAL - IMMEDIATE SUP DATE

DBS APPROVAL DATE

Finance Rep Review: _____
Date

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

Submit 1 original and 1 copy of mileage form.