HOMEADDRESS: (City) (STATE) (Zip Code)							ACCOUN	ITING USE ONLY:	
ID# Reporting Month and Year: NAME: (List) (First) (MI) HOME (Difference) PCA AOBJ ADDRESS: (City) (STATE) (Zip Code)							Document #:		
Image: Constraint of the system of the sy					Rep	orting Mo	nth and Year:		
HOME ADDRESS: 	NAME:					-	THIS INFORMATION MUST BE COMP	LETED OR REPORT WILL B	E RETURNED
ADDRESS: (City) (STATE) (Zip Code)		(Last)	(First)	(MI)		Í	PCA	AOBJ	*AMOUNT
(City) (STATE) (Zip Code)	HOME								
	ADDRESS:								
		(City)	(STATE)		(Zip Code)				
If New Address Give Effective Date: TOTAL	lf New Addre	ess Give Effective Date	:					TOTAL	

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

	STARTING ADDRESS		BREAK	FAST	ОТН	ER EXPENSES	OTHER	TOTAL
DATE	FINAL DESTINATION ADDRESS	PURPOSE OF TRAVEL	LUNG			SCRIPTION clude Room)	EXPENSES AMOUNT	TOTAL (Across)
	Start Time & Location:		DINN	ER	(IN	clude Room)	AMOUNT	(ACIOSS)
	Finish Time & Location:		BREAKFAST - LUNCH - DINNER -					
	Start Time & Location:		BREAKFAST -					
	Finish Time & Location:		LUNCH - DINNER -					
	Start Time & Location:		BREAKFAST -					
	Finish Time & Location:		DREAKFAST - LUNCH - DINNER -					
	Start Time & Location:		BREAKFAST -					
	Finish Time & Location:		LUNCH - DINNER -					
	Start Time & Location:		BREAKFAST -					
	Finish Time & Location:		LUNCH - DINNER -					
	Start Time & Location:		BREAKFAST -					
	Finish Time & Location:		LUNCH - DINNER -					
	Start Time & Location:		BREAKFAST -					
	Finish Time & Location:		LUNCH - DINNER -					
		SUBTOTALS	5					
		MILEAGE REIMBUR	RSEMENT FOR	R USE OF P	ERSONAL	VEHICLES - Attach	Rev. Form - AF 2	
			TOTAL B	JSINESS M	ILES	x Current Milea	age Rate \$ =	
							TOTAL PG 2	
							TOTAL PG 3 TOTAL PG 4	
							TOTAL PG 4 TOTAL PG 5	
					τοται αι ι	_ EXPENSES - (Incl		
	EMPLOYEE SIGNATURE	DATE	_				IOUNT (Deduct)	
Conta	ct Phone # ()		_	AMOUNT	DUE YOU	IF REIMBURSEME	INT IS GREATER:	
AMOUNT DUE MSDE IF ADVANCE IS GREATER								
	DIVISION APPROVAL - IMMEDIATE SUP	DATE	_					
	DBS APPROVAL	DATE	_	Finance	Rep Rev	ew:		Date
	DBS APPROVAL	DATE						Date

SSN or WORKDAY				Document #:	ACCOUNTING USE ONLY:
ID#:			Reporting M	onth 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		PURPOSE OF TRAVEL	BREAKFAST LUNCH	OTHER EXPENSES DESCRIPTION	OTHER EXPENSES	TOTAL (Across)
	FINAL DESTINATION ADDRESS Start Time & Location:		DINNER	(Include Room)	AMOUNT	(Across)
	Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	<u></u>	SUBTOTALS				

EMPLOYEE SIGNATURE

DIVISION APPROVAL - IMMEDIATE SUP

DBS APPROVAL

DATE

DATE

DATE

Page 2 of ____

Finance Rep Review:

Date

MARYLAND STATE DEPARTMENT OF EDUCATION MONTHLY EXPENSE REPORT

SSN or WORKDAY ID#:			ACCOUNTING USE ONLY: Document #: Reporting Month and Year:
NAME:	(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	PURPOSE OF TRAVEL	BREAKFAST LUNCH DINNER	OTHER EXPENSES DESCRIPTION (Include Room)	OTHER EXPENSES AMOUNT	TOTAL (Across)
	Start Time & Location:		BREAKFAST - LUNCH - DINNER -			(ACIOSS)
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
		SUBTOTALS				

Date

Page 3 of ____

MARYLAND STATE DEPARTMENT OF EDUCATION MONTHLY EXPENSE REPORT

SSN or WORKDAY ID#:			ACCOUNTING USE ONLY: Document #: Reporting Month and Year:
NAME:	(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	PURPOSE OF TRAVEL	BREAKFAST LUNCH DINNER	OTHER EXPENSES DESCRIPTION (Include Room)	OTHER EXPENSES AMOUNT	TOTAL (Across)
	Start Time & Location:		BREAKFAST - LUNCH - DINNER -		Alloont	(10.000)
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
		SUBTOTALS				

Date

Page 4 of ____

MARYLAND STATE DEPARTMENT OF EDUCATION MONTHLY EXPENSE REPORT

SSN or WORKDAY ID#:			ACCOUNTING USE ONLY: Document #: Reporting Month and Year:
NAME:	(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		BREAKFAST LUNCH	OTHER EXPENSES DESCRIPTION	OTHER EXPENSES	TOTAL
	FINAL DESTINATION ADDRESS	PURPOSE OF TRAVEL	DINNER	(Include Room)	AMOUNT	(Across)
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -			
	•	SUBTOTALS				

 EMPLOYEE SIGNATURE
 DATE

 DIVISION APPROVAL - IMMEDIATE SUP
 DATE

 DBS APPROVAL
 DATE

 DBS APPROVAL
 DATE

rev 01/01/25

Page 5 of ____

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:

Itinerary Date (multiple origins and destination can be listed in the From Section)	Total Mileage (including commute)	Total Number o <u>Business Miles</u> Traveled
From:		
Total Mileage	•	
Submit 1 original and 1 copy of mileage form. Rev 01/25 MSDE Monthly Expense Report Form AF-0		