SSN or				ACCOUNTING USE ONLY:					
WORKDAY	•				Document #:				
ID#:	Reporting Month and Year:								
NAME:					THIS INFORMATION MUST BE COMP	COMPLETED OR REPORT WILL BE RETURNED			
	(Last) (First) (MI)			_	PCA	AOBJ	*AMOUNT		
HOME				_					
ADDRESS:				_					
	(City) (STATE)		(Zip Code)	_					
If New Addre	ess Give Effective Date:	·		_		TOTAL			
	RECEIPTS REQUIRED Except for ORIGINAL RECEIPTS MUST BE TAPED SEPARATELY TO EXPENSE REPORTS IMPRO	O A SHEET OF PAPER; A COPY	OF ALL SUPPOR	TING DOCUM	IENTS MUST ACCOMPANY ORIGIN				
DATE	STARTING ADDRESS		LUN		DESCRIPTION	EXPENSES	TOTAL		
	FINAL DESTINATION ADDRESS	PURPOSE OF TRAVEL	DINN		(Include Room)	AMOUNT	(Across)		
	Start Time & Location: Finish Time & Location:		BREAKFAST - LUNCH - DINNER -						
	Start Time & Location:					1			
	Finish Time & Location:		BREAKFAST - 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 -						
	Start Time & Location:		BREAKFAST -						
	Finish Time & Location:		LUNCH - DINNER -						
	•	SUBTOTALS	6						
		MILEAGE REIMBU			PERSONAL VEHICLES - Attac				
		TOTAL B	TOTAL BUSINESS MILES x Current Mileage Rate \$ =						
					TOTAL ALL EXPENSES - (Inc	3 /			
EMPLOYEE SIGNATURE DATE				ADVANCE AMOUNT (Deduct) -					
Contact Phone # ( )			_	AMOUNT DUE YOU IF REIMBURSEMENT IS GREATER:					
	DIVIDION ADDROVAL IMMESSATE COS	_	_	P	AMOUNT DUE MSDE IF ADVA	NCE IS GREATER			
	DIVISION APPROVAL - IMMEDIATE SUP	DATE							

DATE

Finance Rep Review:

Date

rev 01/01/18 Page 1 of 2

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.