



**STATE OF MARYLAND
EXPENSE ACCOUNT**

GAD FORM X5
FID 526002033

DEPARTMENT: UNIVERSITY SYSTEM OF MARYLAND
 UNIT OF DIVISION: FROSTBURG STATE UNIVERSITY R26
 EMPLOYEE NAME: _____
 HOME ADDRESS: _____

City: _____ State: _____ Zip: _____
 Empl ID: _____ OFFICE PHONE: _____
 Dept/Proj: _____ Acct: _____ Pgm: _____ Fund: _____ Amt: _____
 Dept/Proj: _____ Acct: _____ Pgm: _____ Fund: _____ Amt: _____

REQUEST FORM SUBMITTED: YES NO ADVANCE RECEIVED: YES NO
(REQUEST FORMS ARE REQUIRED FOR ALL OUT-OF-STATE AND FOREIGN TRAVEL)
 For Period Beginning: _____ Ending _____

Accounts Payable Use Only

Employee ID	LOCATION	000
DEPT/PROJ(1)	ACCT(1)	
PROGRAM(1)	FUND(1)	
AMOUNT(1)		
DEPT/PROJ(1)	ACCT(1)	
PROGRAM(2)	FUND(2)	
AMOUNT(2)		
INVOICE#		
INVOICE DATE		
SERVICE DATE		
PAYMENT TERMS	NET 7	SHC
PAYMENT MESSAGE		
QUANTITY, QUALITY, PRICES-EXTENSIONS OK		
APPROVED BY		

DATE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
Hotel Room								0.00
Breakfast								0.00
Lunch								0.00
Dinner								0.00
Telephone								0.00
Fare (indicate below)								0.00
Taxi and/or Shuttles								0.00
Bridge or Road Tolls								0.00
Mileage*(see below)								0.00
Parking								0.00
Registration Fee								0.00
								0.00
								0.00
Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Do not include PROCARD charges in above matrix but attach copies of receipts LESS: ADVANCES RECEIVED _____
 PROCARD receipt copies attached: Hotel Registration Other: _____ NET DUE TO/(FROM) EMPLOYEE 0.00

Method of Travel: Plane Train Bus State Vehicle Private Vehicle - State Car Available Private Vehicle - State Car Not Available Other: _____
 Purpose of Travel: _____

Date	Time		TERRITORY COVERED INCURRING ABOVE EXPENSES	Total Number of Miles Traveled	Less: Normal Commute Miles	*Reimbursable Miles
	Start	End				
Sunday						0.0
Monday						0.0
Tuesday						0.0
Wednesday						0.0
Thursday						0.0
Friday						0.0
Saturday						0.0

Approved by: _____ Date _____ Secondary Signature (if required) _____ Date _____
Department/Project Manager Date Secondary Signature (if required) Date

Certified just and correct and payment not received
 Signature of Employee _____ Date _____



In-State Travel Accounts:

040110 In-State Conferences & Training
040115 In-State Business Travel
040125 In-State Student Field Trips
040128 In-State Athletic Team Travel
040130 In-State Instructional Travel
040135 In-State Faculty/Staff Recruitment
040140 In-State Student Recruitment

Out-of-State Travel Accounts:

040305 Out-of-State Instructional Travel
040310 Out-of-State Conferences & Training
040315 Out-of-State Business Travel
040325 Out-of-State Student Field Trips
040328 Out-of-State Athletic Team Travel
040330 Out-of-State Faculty/Staff Recruitment
040335 Out-of-State Student Recruitment

Foreign Travel Accounts:

040340 Foreign Conferences & Training
040345 Foreign Business Travel
040350 Foreign Student Field Trips
040355 Foreign Faculty/Staff Recruitment
040360 Foreign Student Recruitment
040365 Foreign Instructional Travel

Motor Pool Accounts:

070200 Gas/Oil Passenger Vehicles (State Vehicles Only)