



Travel Expense Form

FSU FOUNDATION, INC.
101 BRADDOCK ROAD
FROSTBURG STATE UNIVERSITY
FROSTBURG, MARYLAND 21532-1099

DATES OF TRAVEL	FUND NAME	FUND NUMBER
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For:	NAME: _____ ADDRESS: _____ _____	FSU EMPLOYEE: YES NO FSU STUDENT: YES NO
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Reason: Please indicate why reimbursement by FSU or paying directly with a University card was not possible or practical:
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Mileage: _____ MILES x _____ \$/MILE = _____ TOTAL
<input type="checkbox"/> Required mileage verification attached (e.g. printout from Mapquest or other mileage calculator like: https://www.calculator.net/mileage-calculator.html . Please remember that the distance from home to work must be deducted and should be shown on the mileage printout.)
<input type="checkbox"/> Screen print from FSU's vehicle reservation system attached Required for FSU employees requesting reimbursement at the higher rate to show no state vehicle was available. If a state vehicle was available or if availability was not checked prior to the trip, the reduced rate applies.
Current policies and rates can be viewed here: https://www.frostburg.edu/about-frostburg/Administrative-Offices/accounts-payable/travel-policies--common-rates.php

Other Expenses (Original Receipts Required):

EXPENSE TYPE	DESCRIPTION (INCLUDE NAMES OF GUESTS)	AMOUNT
Lodging		
Meals		
Fuel		
Other		
Special notes:		Subtotal:
		Total with Mileage:

PAYEE

TITLE

DATE

This form and any necessary documentation must accompany the signed Authorization to Pay Form in order to process the reimbursement.