



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: _____	FSU EMPLOYEE: YES NO
	ADDRESS: _____	

Reason: Please indicate why reimbursement by FSU or paying directly with a University card was not possible or practical:

Mileage: _____ MILES x _____ \$/MILE = _____ TOTAL

_____ 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.)

_____ 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:

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

PAYEE TITLE DATE