Travel Expense Form

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

<table>
<thead>
<tr>
<th>DATES OF TRAVEL</th>
<th>FUND NAME</th>
<th>FUND NUMBER</th>
</tr>
</thead>
</table>

For:

NAME:

ADDRESS:

FSU EMPLOYEE: YES NO

Mileage:

_____ MILES @ _____ ¢ / MILE = _______ TOTAL

Other Expenses (Receipt Required):

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Description (Include Names of Guests)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fuel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Special Notes: __________________________________________

Subtotal: __________________________________________

Total with Mileage: __________________________________

FROSTBURG STATE UNIVERSITY FOUNDATION, INC.

Office Use Only

Date Received

Accepted By

PAYEE           TITLE           DATE           SIGNATURE APPROVAL (Account Director)