DEPARTMENT OF MARYLAND
TRAVEL EXPENSE REPORT

NAME	ADDRESS	CITY	STATE		ZIP

REPORT PERIOD			FROM				TO			
		MILEAGE		PER DIEM RATE						
DATE	DESTINATION	MILES	$ 0.575	BREAKFAST	LUNCH	DINNER	ACTUAL	LODGING	FLIGHT	OTHER	TOTAL
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
			$ -								$ -
									TOTAL		$ -

SIGNATURE _____ DATE _____

SIGNATURE_____ DATE_____