



STATEMENT OF EXPENSES

Date: _____

Name: _____
(please print clearly)

Address: _____

Place of Activity: _____ Date of Activity: _____

Purpose: _____

MILEAGE: 56.5 Cents per Mile
60 Cents per Mile with one or more passengers

TOTAL MILES:	_____	x	_____	Cents/Mile	\$
MEALS (attach receipts)					\$
ROOM: (attach receipts)					\$
OTHER:	_____				\$
TOTAL REQUEST:					\$

SIGNATURE: _____

CAMPUS: _____

APPROVED BY: _____

PLEASE RETURN TO: Hilda Lopes, Treasurer, UMPSA hshelt80@maine.edu
University of Maine System
Glickman Library, HelpDesk, 3rd floor
Portland, ME 04104

CHECK NO: _____ ACCT: _____ AMNT: _____
ACCT: _____ AMNT: _____ ACCT: _____ AMNT: _____

EXPENSES MUST BE SUBMITTED WITHIN 30 DAYS OF EXPENSE OCCURRED