Statement of Expenses

Date: _____

Name: _____
(please print clearly)

Address: _____

_____

_____

Place of Activity: _____ Date of Activity: _____

Purpose: _____

MILEAGE: $ .565 per Mile
$ .60 per Mile if carpooling with another member

TOTAL MILES: ____ X ____ Cents/Mile $ _____

MEALS (attach receipts) $ _____

ROOM (attach receipts) $ _____

OTHER: _____ $ _____

TOTAL REQUEST: $ _____

SIGNATURE: _____

CAMPUS: _____

APPROVED BY: _____

PLEASE RETURN TO: Hilda Lopes, UMPSATreasurer hshelt80@maine.edu

CHECK NO: _____ ACCT: _____ AMOUNT: _____

STATEMENT MUST BE SUBMITTED WITHIN 30 DAYS OF INCURRED EXPENSE form updated 10/27/2023