



Statement of Expenses

Date: _____

Member's Name: _____
(please print clearly)

Address: _____

Place of Activity: _____ Date of Activity: _____

Purpose: _____

MILEAGE: \$.70 per Mile

TOTAL MILES: _____ X .70 Cents/Mile \$ _____

MEALS (attach receipts) \$ _____

ROOM (attach receipts) \$ _____

OTHER: _____ \$ _____

TOTAL REQUEST: \$ _____

MEMBER'S SIGNATURE: _____

MEMBER'S CAMPUS: _____

PAYMENT AUTHORIZED BY: _____

UMPSA President or Vice President

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

STATEMENT MUST BE SUBMITTED WITHIN 30 DAYS OF INCURRED EXPENSE

form updated 7/31/2024

CHECK NO: _____ ACCT: _____ AMOUNT: _____