

Date

Traveler Name
Address
City, State
ZIP

Trip #: _____
Date: _____
Destination: _____
Reimbursement Amount \$: _____

Travel expense reimbursement for the above referenced University of Maryland sponsored trip has been approved for payment in the amount indicated above based upon receipts and other information provided by you and in accordance with University of Maryland Travel policies (<http://www.dbs.umd.edu/travel/policy/index.php>). A copy of the University of Maryland detailed Expense Statement is enclosed for your records.

By submitting receipts for reimbursement from the University of Maryland, you are asserting that you will not be reimbursed by any other sponsoring organization for the same expenses. Your agreement with the accuracy of this reimbursement is assumed in the absence of feedback from you by (date).

Should you require additional information please contact:

Name: _____

Phone: _____

Email address: _____

Reviewer Signature _____

Enclosure: Expense Statement