

**MONTGOMERY COLLEGE  
OFFICE OF BUSINESS SERVICES**

**Statement of Local Travel Expenses - CY 2018**

This Statement of Local Travel Expenses should be submitted to the Accounts Payable Office no later than the **6th** day of each month and must reflect only the expenses incurred during the prior month (one (1) month of travel expenses). **Original receipts are required for amounts listed under "Other Charges". DO NOT send loose receipts. Please tape receipts to paper and attach to this form. If you do not have the required receipt, please write "No Receipt" next to the item listed and have your Account Manager initial it.** **INCOMPLETE FORMS WILL BE RETURNED TO THE EMPLOYEE FOR CORRECTION.**

Legal Name \_\_\_\_\_  
Please Print

M# \_\_\_\_\_

Dept / Office \_\_\_\_\_

Status Staff / Faculty / Student  
Please circle status

Department Account # \_\_\_\_\_

Example: XXXX-XXXXXX-6301-XXXX (if applicable, activity code)

Date	Destination (Proof of mileage for external only, i.e. Mapquest)	Reason for trip	Total Miles	Minus Commute Miles (subtract miles from and/or to home)**	Net Reimbursable Miles	Other Charges Description	Other Charges (Tolls, Parking, Metro)
<b>Total Reimbursable Miles</b>						<b>Total Other Charges</b>	

**Reimbursements of less than \$25, please take to Campus Cashier**

Requester: \_\_\_\_\_  
Signature Date

Total Other Charges \_\_\_\_\_

Supervisor: \_\_\_\_\_  
Signature Date

Net Mileage @ 54.5 \_\_\_\_\_

Acct Manager: \_\_\_\_\_  
Signature Date

Total Expenses \_\_\_\_\_

[For further guidelines, refer to Policies and Procedures CP 65001 Reimbursement for Travel and Related Expenditures](#)