Grant-Funded

Expense Reimbursement Voucher

Chesapeake Research Consortium
645 Contees Wharf Rd, Edgewater, MD 21037
410-798-1283; Fax: 410-798-0816

Name: _____

Address: _____

_____ ☐ Check if address is new

Travel Dates:	Start:		End:	
Locations:	From (City, State):		To (City, State):	
Purpose:				
Mileage:	Mileage between your home and your regular job cannot be included in mileage reimbursements.		x 0.58 =	
Meals (Per Diem):	When using GSA per diem rates, please include first & last day reductions.		Amount:	
Other Expenses: (Receipts Required)	Description:		Amount:	
	Description:		Amount:	
	Description:		Amount:	
	Description:		Amount:	
		TOTAL (mileage + meals + other):		

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Locations:	From (City, State):		To (City, State):	
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	Description:		Amount:	
	Description:		Amount:	
	Description:		Amount:	
		TOTAL (mileage + meals + other):		

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	Description:		Amount:	
	Description:		Amount:	
	Description:		Amount:	
		TOTAL (mileage + meals + other):		

VOUCHER TOTAL: _____

As of 1/1/19, mileage will be reimbursed at 58 cents per mile. Per Diem rates for meal reimbursement can be found on the GSA website (www.gsa.gov/perdiem) for the destination city. First and last day reductions can be found here: http://www.gsa.gov/portal/content/101518. Please attach receipts for all additional items for which reimbursement is requested. Alcoholic beverages will not be reimbursed.

I hereby certify that expenses listed above were incurred by me on official business and include such expenses as were necessary in the conduct of this business.

Signature: _____

Date: _____

Real or Electronic Signature Required for Processing