

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 0.575 =	
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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	Description:	Amount:	
	Description:	Amount:	
	Description:	Amount:	
TOTAL (mileage + meals + other):			

VOUCHER TOTAL: _____

As of 1/1/2020, mileage will be reimbursed at 57.5 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: _____
Real or Electronic Signature Required for Processing

Date: _____