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 0.76 =	
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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Other Expenses: (Receipts Required)	Description:			Amount:	
	Description:			Amount:	
	Description:			Amount:	
	Description:			Amount:	
		TOTAL (mileage + meals + other):			

VOUCHER TOTAL: __________________

As of 07/01/2026, mileage will be reimbursed at 76 cents per mile. Per Diem rates for meal reimbursement, including first and last day reductions, can be found on the GSA website (www.gsa.gov/perdiem) for the destination city. 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