

Procedures to Complete a Travel Expense Account

- 1. Clink on the link to the State's web site.
- 2. Choose the appropriate 'State of Maryland Expense Account' form based on the dates travelled listed under the heading 'Interactive Expense Reimbursement Forms'.
 - a. Do not choose half rates.
 - b. The State form number is designated 'GAD form X-5'.
- 3. Fields for completion:
 - a. Department: Department name followed by 'TL'# or University cost center*
 - b. Employee Social Security No.* (State mandated)
 - c. Employee name*
 - d. Employee's permanent mailing address*
 - e. One Way Commute Miles (if requesting mileage costs)
 - f. For Period Beginning (1st day travelled for this expense account) *
 - g. For Period Ending (Final travelled for this expense account) *
 - h. Date*
 - i. Day*
 - If expense account is for multiple individual days, such as consecutive Thursdays, one of the other preprinted days can be crossed off and replaced with the second Thursday costs.
 - j. Hotel costs
 - i. If paid by purchasing card, please note this on expense account.
 - k. Breakfast
 - I. Lunch
 - m. Dinner
 - i. Typically, meal costs based on per diem
 - ii. For all day travel, can combine meals for a daily meal per diem
 - n. Mileage for use of personal vehicle
 - i. This will fill in based on information in the 'Territory' section.
 - ii. To help support the number of miles travelled, please attach a printout from a website that lists the miles to/from the destination(s) travelled.
 - o. Other cost fields are filled in as needed and supported.
 - p. Method of Travel*
 - q. Purpose of Travel*
 - i. Be specific. Answer the question 'Why are you traveling?'
 - r. Start and End Time
 - i. If traveling multiple days, only put time of departure of 1st day of trip and time that travel ends on last day of trip.
 - ii. These times assist in determining eligibility for meal per diems.
 - iii. Mandatory if meal costs are involved
 - s. Territory Covered



- i. Mandatory if requesting mileage costs
- t. Total Miles
 - i. Only fill in if requesting mileage costs
- u. Commute Miles
 - i. Only fill in if requesting mileage costs
 - ii. Only fill in on days of mileage costs and an employee's normal work day
 - iii. Double the commute amount if travel occurred on one work day and the employee did not go to their designated office.
- 4. Traveler (or designee) prints out the 'State of Maryland Expense Account'
 - a. Date*
 - i. Date expense account completed by traveler
 - b. Signature of Employee (traveler)*
 - c. The appropriate receipts are attached to the printed and signed 'State of Maryland Expense Account' form.
- 5. Package forwarded to the traveler's immediate supervisor
 - a. Immediate Supervisor (of traveler signs) *
 - b. Approved by (leave blank)
 - c. Fully approved package is forwarded to the next designated approver.
 - i. If a 'TL'# was preassigned to this travel, package is sent directly to the Comptroller's Office
- 6. After travel expense account receives the appropriate approvals, the package is forwarded to the University's Comptroller's Office for final processing.
 - a. For travelers expecting reimbursement
 - i. If a direct deposit employee, reimbursement will be directly deposited
 - ii. If a check employee, reimbursement will be via a check from the State's Comptroller's Office.
 - iii. The payment will be received in approximately 25 days after the University's Comptroller's Office receives the approved and properly supported State of Maryland Expense Account form.

*Required fields