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*
      i. 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
   l. 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

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