



STATEMENT OF EXPENSES

Date: _____

Name: _____
(please print clearly)

Address: _____

Place of Activity: _____ Date of Activity: _____

Purpose: _____

MILEAGE: 44 Cents per Mile
47 Cents per Mile with one passenger
52 Cents per Mile with two or more passengers

TOTAL MILES: _____ x _____ Cents/Mile \$ _____

MEALS (attach receipts) \$ _____

ROOM: (attach receipts) \$ _____

OTHER: _____ \$ _____

TOTAL REQUEST: \$ _____

SIGNATURE: _____

CAMPUS: _____

APPROVED BY: _____

PLEASE RETURN TO: Linda Schofield, Treasurer, UMPISA lschof@maine.edu
University of Maine at Machias
Torrey Hall - Room 117C
116 O'Brien Avenue
Machias, ME 04628

CHECK NO: _____ ACCT: _____ AMNT: _____ ACCT: _____ AMNT: _____ ACCT: _____ AMNT: _____

EXPENSES MUST BE SUBMITTED WITHIN 30 DAYS OF EXPENSE OCCURRED