



Travel Reimbursement Request Completion Instructions

Contact Information

This section must be filled out completely in order to guarantee the timely processing of your request. Incomplete requests will slow down the process and necessitate the return of the form to you.

- Your legal name, full mailing address, email, phone number, and SSN, are required for processing.
 - If you do not have a SSN, you must provide us with a copy of your passport/visa.
- UMD Employee: Please indicate if you are a UMD employee and, if applicable, your department.
- SESYNC Activity: Please provide the group name and the dates of the meeting at SESYNC.

Travel Itinerary

Please provide your departure and return dates, your place of origin (residence) and destination, as well as the time that you departed from your origin and arrived at your destination.

Private Mileage

If you are claiming mileage, please provide documentation from a mapping website. UMD employees must deduct their regular commute and claim reimbursement for the difference.

Travel Expenses

SESYNC prepays many of your travel expenses, such as air/rail fare and hotels at our location. For any other eligible travel expenses not pre-paid, list the amount by category and date.

- You must provide original receipts for any eligible travel expenses incurred, and the receipt must show the date, type of expense, and total amount paid.
- If you purchase your own air/rail fare, you will also need to include a complete airline itinerary showing your payment, boarding passes, and a comparison quote from our travel agency.
- All travel expenses will be reimbursed in accordance with our travel policies, which were provided to you prior to the meeting. A copy of our travel policies can be found online at www.sesync.org/visitor-resources/travel

Meals

SESYNC provides per diem reimbursement for eligible meal expenses while you are on travel status. Please provide the dates you wish to claim meal reimbursement, and place a "1" in the box for the meals that you are claiming for that date. Do not claim meals provided by SESYNC.

Receipts are not required for meals.

Calculate Reimbursement Amount

Please summarize the total reimbursement amount on the form. This summary will include the total figures requested for mileage, eligible travel expenses and the per diem for meals.

Signature/Date Your signature is required on the document.

Please email the completed reimbursement request and copies of the receipts to travel@sesync.org.

If you don't want to email your form, please fax it to (410) 216-9026 or mail it to the address below. After we've received your documents, we will use them to create a Travel Expense Statement (TES). Once the TES has been approved, we will email it to you and ask that you sign and mail the TES along with the original receipts to:

SESYNC Travel Services
1 Park Place, Suite 300
Annapolis, MD 21401

For any questions, please contact travel@sesync.org.



TRAVEL REIMBURSEMENT REQUEST

ADMINISTRATIVE USE ONLY Trip Number: Group:

CONTACT INFORMATION

Traveler's Legal Name:			
Street Address:			
City:	State:	Zip:	Country:
Email Address:		Work Phone # :	
SSN (Required):		Home Phone #:	
<i>Please note: if you do not have a SSN, you must submit a copy of your passport with this request</i>			

Are you a UMD employee? YES NO If yes, Dept. Name: _____

SESYNC Activity: _____ Activity Meeting Dates: _____

TRAVEL ITINERARY: Enter travel points below

DEPARTURE			ARRIVAL		
Date	Origin	Departure Time	Date	Destination	Arrival Time

Private Auto Mileage (@ \$0.58 per mile): _____ Total Mileage: _____ Amount: \$ _____

TRAVEL EXPENSES NOT PREPAID BY SESYNC (PLEASE PUT DOLLAR AMOUNT) - ORIGINAL RECEIPTS REQUIRED:

INSERT DATES (MM/DD/YY) →								Total Amount by line
Lodging								\$
Ground Transport								\$
Air/Rail/Bus								\$
Auto Rental								\$
Parking								\$
Bridge/Tolls								\$
Baggage								\$
Registration fees								\$
Other								\$
Transportation Grand Total								\$

MEALS: PLACE A "1" IN THE BOX UNDER THE APPROPRIATE DATE FOR ANY MEALS THAT WERE NOT PROVIDED BY SESYNC WHILE ON TRAVEL STATUS (PER DIEM RATE APPLIES) - RECEIPTS NOT REQUIRED:

INSERT DATES (MM/DD/YY) →								Total Per Diem Amount by Line
Breakfast (\$10)								\$
Lunch (\$12)								\$
Dinner (\$25)								\$
Meal Per Diem Grand Total								\$

I hereby certify this reimbursement claim is a true statement of travel expenses incurred by me. By submitting this claim to the University of Maryland, I am asserting I have not been reimbursed for these expenses from any other source nor have I included any expenses paid directly on my behalf from another source.

Private Mileage Amount	\$
Transportation Grand Total	\$
Meal Per Diem Grand Total	\$
GRAND TOTAL Owed to Traveler	\$

Signature: _____ Date: _____