



EXPENSE REPORT FORM



EXPENSE REPORT FORM

STATE OF MARYLAND EXPENSE ACCOUNT (GAD FORM X-5)

INDIVIDUALS ARE REQUIRED TO REQUEST REIMBURSEMENT FOR

ANY OUT-OF-POCKET TRAVEL EXPENSES WITHIN

FIVE DAYS OF THE RETURN DATE. IF APPLICABLE, THEY MUST

ALSO REPAY THE TRAVEL ADVANCE GIVEN. TO DO

THIS, THEY SHOULD SUBMIT A COMPLETED STATE OF

MARYLAND EXPENSE ACCOUNT (GAD FORM X-5) VIA

DOCUSIGN TO THE APPROPRIATE DEPARTMENTAL SIGNING

ROUTE, STARTING WITH THEIR IMMEDIATE

SUPERVISOR. TO COMPLETE THE FORM, PLEASE FOLLOW THESE

INSTRUCTION.



STATE OF MARYLAND EXPENSE ACCOUNT
Use for reimbursement effective January 1, 2024
67 ¢ per mile

Department _____
Unit or Division _____
Agency Code _____ Employee Social Security No. _____
Employee Name _____
and Address _____
Assigned Office Location (City) _____ One Way Commute Miles _____
For Period Beginning _____ And Ending _____

FILL IN THE FOLLOWING INFORMATION

- DEPARTMENT
- UNIT OR DIVISION
- AGENCY CODE- *MORGAN STATE UNIVERSITY'S AGENCY CODE IS R13
- *EMPLOYEE SOCIAL SECURITY NO.
 - ALL NINE DIGITS OF THE SOCIAL SECURITY NUMBER ARE REQUIRED.
 - DO NOT USE YOUR MSU ID# AS A SUBSTITUTE.
- THIS IS A STATE REQUIREMENT FOR THE FORM TO BE ACCEPTED FOR PROCESSING BY THE STATE.

STATE OF MARYLAND EXPENSE ACCOUNT
Use for reimbursement effective January 1, 2024
67 ¢ per mile

Department _____
Unit or Division _____
Agency Code _____ Employee Social Security No. _____
Employee Name _____
and Address _____
Assigned Office Location (City) _____ One Way Commute Miles _____
For Period Beginning _____ And Ending _____

- Employee Name
- Address
- Must be the mailing address of the traveler
- Do not use the university address
- Assigned Office Location (City)
- ONE WAY COMMUTER MILES (THE TOTAL DISTANCE FROM THE TRAVELER'S HOME TO THE UNIVERSITY)

STATE OF MARYLAND EXPENSE ACCOUNT
Use for reimbursement effective January 1, 2024
67 ¢ per mile

Department _____
Unit or Division _____
Agency Code _____ Employee Social Security No. _____
Employee Name _____
and Address _____
Assigned Office Location (City) _____ One Way Commute Miles _____
For Period Beginning _____ And Ending _____

- FOR PERIOD BEGINNING (THE DEPARTURE DATE OF TRAVEL)
- And Ending (return date of travel)
- Date
- Enter a date above each day of the week as it coincides with the travel dates.

Date								
Day	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
Hotel								\$0.00
Breakfast								\$0.00
Lunch								\$0.00
Dinner								\$0.00
Telephone								\$0.00
Fare (Indicate below)								\$0.00
Taxi								\$0.00
Bridge or Road Tolls								\$0.00
Mileage * (See Below)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	\$0.00
Parking								\$0.00
Registration Fee								\$0.00

- ENTER ITEMIZED EXPENDITURES If the expense account is for a group/team. see group/team travel for instructions on how to enter the itemized expenditures. Otherwise, continue to the next step.

*THE ONLY EXPENDITURES THAT SHOULD APPEAR ON THE STATE OF MARYLAND EXPENSE ACCOUNT (GAD FORM X-5) ARE THOSE NOT PAID FOR BY A UNIVERSITY PURCHASE CARD OR PURCHASE ORDER.

Date								
Day	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
Hotel								\$0.00
Breakfast								\$0.00
Lunch								\$0.00
Dinner								\$0.00
Telephone								\$0.00
Fare (Indicate below)								\$0.00
Taxi								\$0.00
Bridge or Road Tolls								\$0.00
Mileage * (See Below)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	\$0.00
Parking								\$0.00
Registration Fee								\$0.00

- THIS INCLUDES:

- Hotel
- Fare
- Taxi/Rideshare/Shuttle
- Bridge or Road Tolls
- Parking
- Car Rental

Taxi									\$0.00
Bridge or Road Tolls									\$0.00
Mileage * (See Below)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	\$0.00
Parking									\$0.00
Registration Fee									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00



- REGISTRATION FEE(S)
 - Membership fees cannot be reimbursed through the expense form.
 - The first option of payment should be the department purchase card.
- If a traveler pays the membership fees out-of-pocket, the cost can be reimbursed via a non-travel reimbursement form.

* The trip receipts/paid invoices showing the itemized charges and method of payment must be attached to the State of Maryland Expense Account (GAD form X -5).

IF REQUESTING MILEAGE REIMBURSEMENT, A COPY OF A MILEAGE MAP FROM GOOGLE MAPS, MAPQUEST, or another web mapping service must be attached to the State of Maryland Expense Account (GAD form X-5) to confirm the total distance traveled.

** ATTACHMENTS THAT MUST BE UPLOADED WITH THE STATE OF MARYLAND EXPENSE ACCOUNT (GAD FORM X-5) OR THE FORM WILL BE DECLINED (IF APPLICABLE):

1. COPY OF TRAVEL AUTHORIZATION WITH ASSIGNED TL#
2. COPY OF THE CHECK STUB (IF AN ADVANCE WAS RECEIVED)
3. ATTENDEE LIST (GROUP/TEAM TRAVEL ONLY)
4. COMPLETE ITEMIZED RECEIPTS SHOWING THE METHOD OF PAYMENT
5. MILEAGE MAP (IF APPLICABLE)
6. COPY OF CREDIT CARD STATEMENT (IF APPLICABLE)

- UPLOAD THE COMPLETED STATE OF MARYLAND EXPENSE ACCOUNT (GAD FORM X TO DOCUSIGN).
 - Once the form is uploaded to DocuSign assign a signing order to the “Add recipients” section in DocuSign according to your departmental approval route.
- The final signer in your signing order should be the travel department. Please use the following email address in DocuSign:
 - travel.comptroller@morgan.edu
- Go to the “Add message” section. In the “Email subject” box after the words “Complete with DocuSign:” put the TL#, Last Name of the traveler, and the words “Expense Report” in the following format (TLXXXXX-JOHNSON-EXPENSE REPORT)
- Click “Next”

Friday						0.0
Saturday						0.0

*Compute equal to total miles less total commute miles, if applicable.



Date _____

Certified just and correct and payment not received



(Signature of employee)

Approved by _____

Immediate Supervisor

Approved by _____

Authorized Signature

Title _____

ADD THE "SIGNATURE" AND "DATE" FIELDS TO THE EXPENSE REPORT

- THE TRAVELER SHOULD SIGN THE EMPLOYEE SIGNATURE LINE
- THE IMMEDIATE SUPERVISOR SHOULD SIGN THE IMMEDIATE SUPERVISOR SIGNATURE LINE
- THE AUTHORIZED SIGNATURE LINE SHOULD BE USED IF APPLICABLE FOR YOUR DEPARTMENT

EXPENSE REPORT

THANK YOU

Contact Us For Any Questions

