



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.



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 COMMUTE 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.**

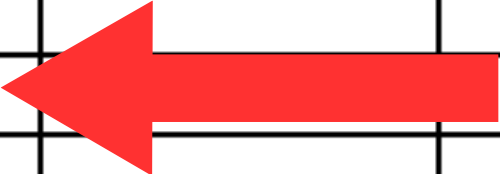
***THE ONLY EXPENDITURES THAT SHOULD APPEAR ON THE STATE OF MARYLAND EXPENSE ACCOUNT (GAD FORM X-5) ARE THOSE NOT PAID FOR BY A UNIVERSITY PURCHASE CARD OR PURCHASE ORDER.**

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**

- A **membership fee** is not a registration fee
 - **CANNOT** be reimbursed through the expense form.
 - The first option of payment should be the department purchase card.
 - If a traveler pays a membership fee 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).

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
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00

IF A PERSONAL DEBIT/CREDIT WAS USED AS THE METHOD OF PAYMENT a copy of the debit/credit card statement showing the following information must be submitted:

- Full name of the cardholder
- Complete mailing address of the cardholder
- The last four digits of the credit card number
- All itemized charges associated with the expenditures for reimbursement.
 - The cardholder may redact all other information unrelated to the expense account.



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)**

Add message



Custom email and language for each recipient

Email Subject *

Complete with DocuSign:TLXXXXX-JOHNSON-EXPENSE REPORT.pdf

Characters remaining: 43

Email Message

Enter Message

- **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)**

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

A stack of colorful folders in shades of purple, green, and blue. A white report with the word 'REPORT' is visible on top of the blue folder. A white horizontal line and three white circles are in the top right corner.

THANK YOU

Three white circles arranged vertically on a yellow background.

Contact Us For Any Questions