Universities of Maine
Professional Staff Association

Statement of Expenses

Date: _____

Name: _____

(please print clearly)

Address: _____

_____

Place of Activity: _____ Date of Activity: _____

Purpose: _____

MILEAGE:

40 Cents per Mile
43 Cents per Mile with one passenger
48 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:

Marteen Hester, Treasurer, UMPSA
UMPI - Library
181 Main Street
Presque Isle, ME 04769

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

EXPENSES MUST BE SUBMITTED WITHIN 30 DAYS OF EXPENSE OCCURRED