

TRAVEL EXPENSE REIMBURSEMENT

Please complete the following:

Name: _____

Home Address: _____

**Social Security
Number:** _____

**Date of
Presentation:** _____

**Name of
Presentation:** _____

Mileage: _____ (\$ 0.445/mile reimbursement)

Total Amount: _____

Signature: _____

Certified Just and Correct and Payment Not Received

Please return form and ORIGINAL receipts in the enclosed self-addressed envelope to:

*(your name here)
University of Maryland
School of Law
500 West Baltimore Street
Baltimore, MD 21201-1786*