



**PLEASE NOTE NEW POLICY:
EXPENSES MUST BE SUBMITTED
WITHIN 30 DAYS OF TRIP COMPLETION**

AEROSPACE ENGINEERING TRAVEL REQUEST FORM

TRAVELER DETAILS			
NAME: First, Middle, Last		M/F:	
LAST 4 DIGITS SS#:		EMAIL:	
DATE OF BIRTH:		CELL:	
LAST 4 DIGITS SS#:		EMAIL:	

TRAVELER TYPE (CHECK ONE)	<input type="checkbox"/> UMD	<input type="checkbox"/> STUDENT	<input type="checkbox"/> NON-UMD GUEST
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DO YOU NEED UMD TO PREPAY YOUR AIRFARE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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TRAVEL DETAILS			
DEPARTURE AIRPORT/CITY:		ARRIVAL CITY/AIRPORT:	
DEPARTURE DATE:		RETURN DATE:	
DEPARTURE TIME:		RETURN TIME:	
DEPARTURE CARRIER/AIRPLANE:		RETURN CARRIER/AIRPLANE:	

PURPOSE OF TRAVEL			
WHAT IS YOUR PURPOSE?			
LINK TO CONFERENCE WEBSITE (if applicable)			
ARE YOU PRESENTING?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
IS ANY PORTION OF YOUR TRIP PERSONAL	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
<i>If so, please indicate the dates of personal travel:</i>			

ESTIMATED BUDGET (MUST BE COMPLETED)			
AIRFARE		AIRLINE	
CAR RENTAL*		OR INDICATE NO CAR RENTAL NEEDED	
CONFERENCE FEE			
HOTEL COSTS			
GROUND TRANSPORTATION			
ESTIMATED MILEAGE (IF DRIVING)			
TOTAL COST:			

* **NOTE:** Car rental insurance CANNOT be reimbursed, do not add it to the rental agreement.



DEPARTMENT OF
AEROSPACE ENGINEERING

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DEPARTMENT DETAILS	
ACCOUNT & PROJECT TO BE CHARGED:	
ACCOUNT NAME:	
ADVISOR/PI FOR APPROVAL:	