

**PLEASE NOTE NEW POLICY: EXPENSES MUST BE SUBMITTED WITHIN 60 DAYS OF TRIP COMPLETION**  
**AEROSPACE ENGINEERING TRAVEL APPROVAL FORM**

NAME:

(LAST)

(FIRST)

(M.I.)

EMAIL ADDRESS:

PHONE

*(must be UMD email address)*

SOCIAL SECURITY # \_\_\_\_\_

**REQUIRED FOR TRAVEL** Do Not Use UID

DEPARTURE AIRPORT/CITY:

TO CITY/AIRPORT:

DATES OF TRAVEL

DEPARTURE DATE:

RETURN DATE:

*Please indicate all countries you will be traveling to*

PURPOSE OF TRAVEL: \_\_\_\_\_

(SPECIFY NAME OF CONFERENCE ATTENDING) \_\_\_\_\_

Are you presenting? \_\_\_\_\_

YES

NO

Is any portion of the trip personal? If so please indicate the dates of personal travel \_\_\_\_\_

Will you use GLOBETROTTER TRAVEL AGENCY? YES \_\_\_\_\_ NO \_\_\_\_\_

[Globetrotter (301) 570-0800]

**ESTIMATED BUDGET (MUST BE COMPLETED)**

Airfare \_\_\_\_\_ Airline \_\_\_\_\_

Car Rental \_\_\_\_\_ OR indicate NO Car Rental needed \_\_\_\_\_

**Rental insurance CANNOT be reimbursed**

Conference Fee \_\_\_\_\_

Hotel Costs \_\_\_\_\_

Estimate mileage if driving \_\_\_\_\_

TOTAL COST \_\_\_\_\_

ACCOUNT and PROJECT to be CHARGED:

ACCOUNT NAME: \_\_\_\_\_

KFS # \_\_\_\_\_

ADVISOR / PI APPROVAL: \_\_\_\_\_