

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 #

- -

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 or No _____

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

TRAVEL AGENCY:

Globetrotter (301) 570-0800

BUDGET (MUST BE COMPLETE)

Airfare _____

Car Rental _____

Airline _____

Car rental must be indicated. If not using please mark out

Rental insurance CANNOT be reimbursed

Conference Fee _____

Hotel Costs _____

Estimated mileage if driving _____

TOTAL COST _____

ACCOUNT AND PROJECT TO BE CHARGED:

Project #

ADVISOR/PI APPROVAL: