



Institute for Research of Electronics and Applied Physics

Travel Approval Form

Please send completed form to your travel coordinator:

Meredith Pettit mpettit1@umd.edu

Please submit the completed form 2 weeks prior to your trip

Upon return, provide original itemized receipts, proof of payment and Travel Expense Statement to your travel coordinator

The traveler verifies they are eligible per campus COVID-19 Health and Safety compliance to travel.

Today's Date: _____

UID Number: _____

Name (as on driver's license, or passport):

Date of Birth: _____

Gender: Male Female

Mailing Address:

Faculty Graduate Student
Staff Invited Participant

Phone Number: _____

Email: _____

SSN: **(Do not write your SSN on this form; provide it to your travel coordinator personally or by phone after submitting the form)**

Departure Date: _____

Return Date: _____

Origin: _____

Destination: _____

Purpose of Travel: (fully describe the nature and purpose of travel. Be specific. Conference name, dates, venues and what will you be doing? Presenting, attending, etc.)

How does this travel benefit the project?

Estimated Expenses	Expense Amounts
Air/Rail	_____
Lodging/Hotel	_____
Meal Per Diem	_____
Ground Transportation	_____
Parking	_____
Vehicle Rental	_____
Personal Car Mileage	_____
Conference Fee	_____
Other	_____
Total Estimated Expenses	_____

*Domestic Meal Per Diem: There is a \$56.00/day limit on meals as follows: \$13.00 breakfast; \$15.00 lunch; \$28.00 dinner.

**Mileage (Personal Car): The current mileage rate is \$0.585 per mile. University employees using their privately owned vehicles (POV) and claiming reimbursement on an expense statement should measure mileage from the duty station or point of departure, whichever is closer to the destination, and return.

Reminder: You will need to provide an original receipt for all expenses for which you would like reimbursement. You will NOT need an original receipt for meal per diem or mileage (personal car).

Will you be taking personal leave?	Yes	No
Will you be using personal funds?	Yes	No
Are you sharing a room?	Yes	No
Will you be using Air, Driving or Rail?	_____	
If Air, What Airline?	_____	

KFS Number: _____

PI Approval Signature: _____

Departmental Approval: _____

For Travel Coordinator Use:

TAR # _____
Sub code: _____
Date Requested: _____
Date Entered: _____