

## Travel Pre-Approval Request Form for Guests & Non-Employees

Guests and non-UMD employees (e.g., students not on payroll) traveling on behalf of and funded by the University of Maryland (state, DRIF, sponsored research) must seek pre-approval before any travel arrangements can be booked. The completed request form with supervisor's signature can be emailed to <a href="MSE-ChBE-FPEtravel@umd.edu">MSE-ChBE-FPEtravel@umd.edu</a> for processing and booking of travel arrangements. All travelers, including guests and non-employees, must abide by the <a href="University of Maryland Travel Policies">University of Maryland Travel Policies</a>.

Traveler Information							
First Name:	Middle	Middle Name:			Last Name:		
Enter name as listed on gover	nment issued ID (i.e.	driver's licens	e, passport) used j	for traveling.			
Email:		Date of E	Date of Birth (mm/dd/yyyy): Gend Home Address:			Male	Female
Cell Phone Number:	Home Ad						
What is the UMD business	reason for traveling?						
Travel Details							
Travel From (City, State, Co		Travel To (City, State, Country):					
Departure Date:		Return Date:					
Transportation Mode:		If other, please explain:					
For Air Travel: Pre-check #:	Frequent Flye	r #:					
Will this trip include personal travel?			Personal Travel Dates:				
Cost Estimate – Complete if you are making your own travel reservation  Transportation (airfare, train ticket, car rental):						\$	
Lodging: (Hotel, AirBnB, etc.)						\$	
Reservation link (if ap	plicable):						
Check-in date:			Check-	out date:			
Conference Registration Fee:						\$	
Conference registratio	n link:						
Personal Car Mileage @ \$.67 per mile Jan 1, 2024 (Prior to 1/1/2024 \$.655 per mile)						\$	
Ground transportation (U	ber, Lyft, taxi):					\$ \$	
Parking Fees:							
Other:	for mools?		Estimata for a	aar diam.		\$ \$	
Per diem is automatically ca conference or event. Please	lculated by above trav			l Per Diem Schedule. Per	r Diem cannot be claim		s provided by a hotel,
	-		e per diem estima		Trip Cost Estimate:	\$	
Will any personal expenses		Yes	No		W/ 0 / 1	\ <b>**</b> ** ^	
If personal expenses (e.g., ta form to this secured Box fol MSE-ChBE-FPEtravel@u	der as part of this requ	uest in order to	be reimbursed. A	A travel expense stateme			
Signature Approval							

KFS Account: Supervisor/P1 Signature: Date:

I approve the above traveler's request and authorize the cost of the trip to be charged to the following account: Office Use Only