

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 MSE-ChBE-FPEtravel@umd.edu for processing and booking of travel arrangements. All travelers, including guests and non-employees, must abide by the University of Maryland Travel Policies.

Traveler Information						
First Name:	Midd	dle Name:		Last Name:		
Enter name as listed on government	issued ID (i.e. driver's lic	eense, passport) used for tro	iveling.			
Email:		Date of Birth (mm/dd/yyyy): Gender			Male	Female
Cell Phone Number:		e Address:				
What is the UMD business reason	for traveling?					
Travel Details						
Travel From (City, State, Country):	:	Tra	avel To (City, State, Co	ountry):		
Departure Date:		Re	turn Date:			
Transportation Mode:		Ifo	ther, please explain:			
For Air Travel: Pre-check#:	Frequent Flyer #:					
Will this trip include personal trave	el?	Per	sonal Travel Dates:			
Cost Estimate – Complete if you are Transportation (airfare, train tic		reservation			\$	
` <u> </u>	ket, car rental):				\$ \$	
Lodging: (Hotel, AirBnB, etc.) Reservation link (if applicable	e)·				Ф	
Check-in date:	c).	Check-out d	ate.			
Conference Registration Fee:		Check-out u	aic.		\$	
Conference registration link:	:					
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Personal Car Mileage @ \$.67 per mile Jan 1, 2024 (Prior to 1/1/2024 \$.655 per mile)					\$	
Ground transportation (Uber, Lyft, taxi):					\$	
Parking Fees:					\$	
Other:					\$	
Will per diem be provided for mo	eals?	Estimate for per d	iem:		\$	
Per diem is automatically calculated conference or event. Please remove	•		<u>Diem Schedule</u> . Per Die	em cannot be claime	d for meal	s provided by a hotel,
Will any personal expenses be rein	mbursed? Yes	No	Total Trip	Cost Estimate:	\$	
If personal expenses (e.g., taxi, park form to this secured Box folder as p MSE-ChBE-FPEtravel@umd.edu	part of this request in orde	er to be reimbursed. A trav	•	,		,
Signature Approval						

Driver Worktag: 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