



UNIVERSITY OF MARYLAND

Philip Merrill College of Journalism

For Office Use Only: REQ# _____ TR# _____ FRS# _____

REQUEST FOR APPROVAL OF TRAVEL

Last name First name Middle Name

Address Street City State Zip

Social Security Is this trip an adjustment? No _____
Yes, to trip _____

Travel arrangements made by:

Omega _____ **Travel -On** _____ **Globetrotter** _____ **Self** _____ **Other** _____

Departure Date and Time

____/____/____, ____ am/pm

Return Date and Time

____/____/____, ____ am/pm

Airport Origin Code or Name _____

Airport Destination Code or Name _____
(Include city and state)

Driving own car _____
Renting car _____

Driving car from UMCP motor pool _____
Taking train _____

PURPOSE OF TRIP

Please continue on reverse

Is this trip in compliance with UMCP Travel Policy? Yes _____

Is this trip sponsored by federal funds? Yes _____ No _____

Is this trip sponsored by special funds? Yes _____ No _____

If so, name: _____

Please estimate your expenses: Standard per diem (as of 7/1/15)
(Per Diem will be reimbursed **IF** you have a research or travel account funds)

Airline/Train \$ _____

Auto/Taxi \$ _____

Hotel \$ _____

Meals \$ _____

Rental Car \$ _____

Registration fee \$ _____

Other \$ _____

Total Estimate \$ _____

Breakfast \$ 9.00

Lunch \$11.00

Dinner \$25.00

Total \$45.00

Reimbursable meal rates for
University of Maryland
travelers (FY16)

**Please provide your cell phone
number:**

IF TRIP IS CANCELLED PLEASE NOTIFY THE BUSINESS OFFICE IMMEDIATELY

For the Dean's Use Only:

Balance: \$ _____ Approved _____ Not Approved _____ Initials _____