Department of Counseling, Higher Education, and Special Education TRAVEL APPROVAL REQUEST FORM

Due to new travel regulations, ALL ITEMS MUST BE COMPLETED

If you are submitting this form electronically, please use only Adobe Acrobat to fill this form. Download the form and save in your local drive before completing it. Then email as an attachment to chsetravel@umd.edu

Name:					
	(Last) (Name must be written e	xactly as it appears on	(First) passport/ID)	(M.I.)	
Email:					
Daytime Phone:		Cell Phone:			
UID:	DOB:				
Departing from:		Destination:			
Travel start date:	Travel end date:				
Purpose of Travel: (f attending a conference, spell ou	t the full title of conference	, no acronyms please.)		
Travel Agency:	Omega (877) Travel-On (30		Globetrotter (Privately Arrai		
Airline:		Rail:			
Vehicle Transport (pl	ease specify if private or rental):				
KFS Account: (accounts in the 4xxxxxxx and 5xxxx	xxx series require PI or Project Director	r approval)			
Approval:					
				_	
Dept Chair/PI/A	Advisor Name	Dept Chair/PI/Ac	dvisor Signature	Date	

Submit form to chsetravel@umd.edu (preferred);

ESTIMATED COSTS

TRANSPORTATION

Airfare:		Rail:
Privately-Owned Vehick Rate effective Jan 1, 2022	le (CY2022 reimburseme	nt rate \$0.56/mile)
University Motor Pool: (Employees - If using University vehicle, please call Mot		Limo/Taxi: orpool @ 301-405-5482 to reserve a car. Provide KFS and TR numbers
Auto Rental (insurance is no	ot reimbursable as the Un	iversity is self-insured):
MEALS/PER DIEM (CY 2	022 domestic stand	ard is \$56/day broken down below:
a. Breakfast @	per day x	day/s =
b. Lunch @	per day x	day/s =
c. Dinner @	per day x	day/s =
Total Meals/Per Diem	1=	
LODGING @	per night x	nights =
REGISTRATION		
PARKING		
PORTERAGE		
OTHER:		
Specify		
Amount		

TOTAL ESTIMATED EXPENSES