

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 attach in the email to chsetravel@umd.edu

Department of Counseling, Higher Education, and Special Education

TRAVEL APPROVAL REQUEST FORM

Due to new travel regulations, **ALL ITEMS MUST BE COMPLETED**

Name:

(Last)

(First)

(M.I.)

(Name must be written exactly as it appears on passport/ID)

Email:

Daytime Phone:

Cell Phone:

Social Security No:

Gender: M F

DOB:

(Please check one)

(mm/dd/yyyy)

Departing from:

Going to:

Departure Date:

Return Date:

Purpose of Travel: *(If attending a conference, write out the full title of conference, no acronyms please.)*

Travel Agency:

Omega (877) 403-4282

Globetrotter (301) 570-0800

Travel-On (301) 403-4278

Privately Arranged

Airline:

Rail:

Vehicle Transport (please specify if private or rental):

KFS Account:

(accounts in the 4xxxxxx and 5xxxxxx series require PI or Project Director approval)

Approval:

Dept Chair/PI/Advisor Name

Dept Chair/PI/Advisor Signature

Date

Submit form to chsetravel@umd.edu (preferred);
or deliver to 3113 Benjamin Building; or Fax to: 301-405-9995

TOTAL ESTIMATED COSTS:
(Including Transportation)

Transportation:

Rail: _____

Air: _____

Meals:

Breakfast: _____ # of Days

Lunch: _____ # of Days

Dinner: _____ # of Days

(If using a University Vehicle please call Motorpool x55482 to reserve car. Provide FRS and TR number)

Private Vehicle: _____

Limo/Taxi: _____

Auto Rental: _____

Phone: _____

Parking Fees: _____

Other: _____

Lodging: _____ # of Days _____ Total Lodging Amount

TOTAL ESTIMATED COST: _____