

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

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:

Destination:

Travel start date:

Travel end date:

Purpose of Travel: (If attending a conference, spell 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

ESTIMATED COSTS

TRANSPORTATION

Airfare:

Rail:

Privately-Owned Vehicle (CY2020 reimbursement rate \$0.575/mile)
-new rate effective Jan 1, 2020

University Motor Pool :

Limo/Taxi:

(Employees - If using University vehicle, please call Motorpool @ 301-405-5482 to reserve a car. Provide KFS and TR numbers)

Auto Rental (insurance is not reimbursable as the University is self-insured):

MEALS/PER DIEM (domestic standard 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=

LODGING @ per night x nights =

REGISTRATION

PARKING

PORTERAGE

OTHER:

Specify

Amount

TOTAL ESTIMATED EXPENSES