

UMBC Department of Biological Sciences  
Travel Request Checklist

Date: \_\_\_\_\_

Name:	Office or Lab Phone #:
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**Trip Information**

Purpose: <i>(include conference name if applicable)</i>	
Departure Date & Time:	Return Date & Time:
Origin:	Destination:
Is trip being paid for by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If you are a guest speaker at another Univ. or Conference and they are paying all expenses, skip to the signature section. Please indicate the name of the Univ. or Agency in the comments section.</small>	Airline or Railway name:

**Transportation** *Have you made your own arrangements (paid for on personal credit card) ?*

<input type="checkbox"/> <b>Yes</b> , Estimated Cost to be reimbursed: \$ _____ Air/Rail (attach copy of reservation if available) \$ _____ Pre-Paid Shuttle \$ _____ Other Transportation Costs	<input type="checkbox"/> <b>No</b> , I need travel arrangements made for me.  *Attach a print out of exact arrangements requested, or provide detailed information above in Trip Information section
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**Meals** *Per Diem: (\$8 Breakfast, \$10 Lunch, \$23 Dinner = \$41 all meals)*

Dates Requesting: _____ to _____ # of Meals _____ Breakfast _____ Lunch _____ Dinner
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**Conference Registration** *Do you need registration charged on a Department P-Card?*

<input type="checkbox"/> <b>Yes</b> , The fee will be \$ _____ Please attach registration form, or contact Sarah or Dawn to process your registration	<input type="checkbox"/> <b>No</b> , I have paid for this on my own and will submit for reimbursement.  Amount: \$ _____
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**Lodging** *Do you need your hotel booked?*

<input type="checkbox"/> <b>Yes</b> , I have attached the hotel information and the dates needed.	<input type="checkbox"/> <b>No</b> , I have made my own arrangements and will submit the receipt for reimbursement.  # of nights: _____ Rate per night: \$ _____
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**Other Estimated Costs:**

Parking: \$ _____	Taxi/Shuttle: \$ _____
Mileage @ \$.585 per mile (Estimate # of Miles): _____	Tolls: \$ _____
Car Rental* <input type="checkbox"/> Yes <input type="checkbox"/> No Vendor: _____ Estimated Cost: \$ _____	
<small>*Coverage is provided for employees of UMBC for rentals within the U. S. by the State Insurance Trust Fund. <b>Employees should not sign a rental agreement within the U. S. that levies a fee for CDW coverage. These fees can not be reimbursed.</b></small>	

**Chartstring to be charged:**

**PI Approval Signature\*:**

\*Signature Required Before any arrangements made

**Additional Comments:**

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Note: When you return from travel you must turn in your original receipts promptly, along with the Biology " Request for Reimbursement" form (located outside the Business Manager's office). UMBC travel policy requires all receipts be turned in within 10 days to the accounting department travel desk. Please allow processing time for the request by the Biology Staff.