Travel Information Form UMBC Department of Biological Sciences

| Name (matches Government ID): DOB: | | | | Date: |
|-------------------------------------|---|--------------|--------------|--|
| | | Cell Phone: | | |
| Project #: | | | | |
| | | | | |
| Trip Informatio | n: | | | |
| Purpose: _ | | | | |
| Departure | Date & Time: | | | Return Date & Time: |
| Origin: | | | | Destination: |
| Is the trip p | paid for by a third party? | Yes | No | |
| Grad Students: (1 | Please make every effort to complete th | is form in t | he office wi | vith Sandy) |
| Have you a | pplied for a GSA travel awar | d? | Yes | No |
| If you recei | ved a GSA travel award, Am | ount \$_ | | |
| Conference Reg | istration: | | | |
| Charged to | department P-card contact S | Sandy Jo | hnson t | to process registration \$ |
| If not charg | ged to P-card amount to be re | eimburs | ed \$ | |
| Transportation: | (Do you need air fare/rail be | ooked fo | r you?) | |
| Yes: Attach | a printout of exact arrangen | nents re | quested | l including preferred airline. \$ |
| No: Estima | te the cost to be reimbursed | \$ | | |
| Lodging: (Do you | need your hotel booked?) | | | |
| Yes: Attach | hotel information including | dates a | nd rate p | per night. |
| No: Amour | nt to be reimbursed \$ | | | |
| Meals: (Per Diem | : \$13 Breakfast, \$15 Lunch, \$ | \$28 Dini | ner) | |
| Expected # | of meals: Breakfast | Lunch _ | | _ Dinner |
| Other Estimated | | | | |
| Parking: \$_ | | | | Tolls: \$ |
| Mileage (@ | \$.575 per mile) # of Miles _ | | | Ride Share/Shuttle: \$ |
| Car rental: | Cost \$ | | | |
| | nd. Employees should not sign a re | | | employees of UMBC for rentals within the U.S. by the State thin the U.S. that includes CDW coverage. These fees will |
| Additional Inform | ation: | | | |
| | | | | equest for Reimbursement" form must be turned in to the |
| ETravel # | Einvoice rec'd | | Н | Iotel Authorization sent: |