

Travel Information Form
UMBC Department of Biological Sciences

Name (matches Government ID): _____ Date: _____

UMBC email address: _____

DOB: _____ Cell Phone: _____

Chartstring (funding)#: _____ PI Approval Signature: _____

Home Address: _____

Trip Information:

Purpose/Name of Conference: _____

Departure Date & Time: _____ Return Date & Time: _____

Origin: _____ Destination: _____

Grad Students: (Please make every effort to complete this form in the office with Kristen)

Have you applied for a GSA travel award? Yes No **If Yes, amount \$** _____

Post Prelim only: Have you applied for the \$300 GSSMF? Yes No

Conference Registration:

Charged to department P-card, contact [Kristen](#) to process registration \$ _____

If not charged to P-card, amount to be reimbursed \$ _____

Transportation: Do you need airfare/rail booked for you?

Yes: Attach a printout of exact arrangements requested including preferred airline \$ _____

No: Estimate the cost to be reimbursed \$ _____

Lodging: Do you need your hotel booked?

Yes: Hotel name/location & dates _____ Rate/night\$ _____ Total\$ _____

No: Amount to be reimbursed \$ _____

Meals: (Per Diem: \$15 Breakfast, \$18 Lunch, \$30 Dinner)

Expected # of meals: Breakfast _____ Lunch _____ Dinner _____

Other Estimated Costs:

Parking: \$ _____ Tolls: \$ _____ Car rental: \$ _____

Mileage (@ \$.67 per mile) # of Miles _____ Ride Share/Shuttle: \$ _____

(See Kristen for Enterprise discount code. Coverage is provided for employees of UMBC for rentals within the U.S. by the State Insurance Fund. Employees should not sign a rental agreement within the U.S. that includes CDW coverage. These fees will not be reimbursed)

Note: To be reimbursed for travel expenses original receipts must be turned in to the biology office within 10 days, per UMBC travel policy.

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Additional Information:

Pre-Approval # _____ Air/Rail Invoice _____ Hotel CC Auth sent: _____