TRAVEL AUTHORIZATION REQUEST

Traveler:	_
Soc. Sec #	-
Date:	_
No Cost to University:	
(Approval required for insurance purposes)	

FRS #	
REQ #	
TAR ID #	
ELF ID #	
SUB CODE	

PURPOSE: (INCLUDE MEETING OR CONFERENCE NAME):

DEPARTURE DATE/TIME: _____

RETURN DATE/TIME:

ORIGIN: _____ DESTINATION: _____

METHOD OF TRANSPORTATION:

TRAIN:

AIR:

Note: FOREIGN TRAVEL on Federal Funds must utilize U.S. airlines in compliance with the "FLY AMERICA ACT" and requires prior approval.

Note: For prepaid tickets, please make arrangements with TRAVEL ON-800-333-2115 or (301) 403-4278, GLOBETROTTER (301) 570-0800 or 800-322-7032 OR OMEGA Travel-800-229-6634 or (301) 403-4282. You must indicate here which agency you will use. You may still use your own agency and get reimbursed after the travel. (If you purchase your own nonrefundable tickets and are unable to travel for any reason, the University cannot reimburse you for the unused ticket. For your protection, we strongly recommend that you arrange for the University to purchase your ticket through TRAVEL-ON, GLOBETROTTER, or OMEGA).

TRAVEL ON	GLOBETROTTER	OMEGA	OTHER SOURCE:
	(Check On	e)	(Ticket will not be prepaid by UM)

State Car:

Personal Car: (Current reimbursement rates online at http://www.dbs.umd.edu/travel/services/rates/pov.php) Pre-approval is required for use of personal car: http://www.umces.edu/sites/default/files/pdfs/private vehicle authorization form.pdf

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ESTIMATED EXPENSES* (Include prepaid expenses in total):

Travel (Air/Rail)	\$
Lodging/Housing	\$
Travel Meals/Hosting	\$
Phone/Fax/Communication	\$

Ground Transportation	\$
Car Rental	\$
State Car Rental	\$
Personal Car Mileage	\$
Conference Fee	\$
Other Travel Expenses	\$
TOTAL	\$

ACCOUNT(S) TO CHARGE

Grant #: _____

To the best of my knowledge this travel is in accordance with the project that it has been assigned to as outlined in the terms and conditions of the award.

Principal Investigator Approval:

The funds for the above-indicated travel have been budgeted and available under the terms and conditions of the assigned award.

Business Manager Approval: