## Travel Information Form UMBC Department of Biological Sciences

DOB:	Coll Dho	
	Cell Phone:	
Project #:	ect #: PI Approval Signature:	
Address:		
Trip Information:		
Purpose:		
Departure Date & Time:		Return Date & Time:
Origin:		Destination:
<b>Grad Students</b> : (Please make every effort to complete th	is form in the office w	rith Kristen)
Have you applied for a GSA travel awar	d? Yes	No
If you received a GSA travel award, amo	ount \$	
Conference Registration:		
Charged to department P-card, contact	Kristen Markus	to process registration \$
If not charged to P-card, amount to be	reimbursed \$	
<b>Transportation</b> : Do you need airfare/rail boo	oked for you?	
Yes: Attach a printout of exact arranger	nents requested	including preferred airline \$
No: Estimate the cost to be reimbursed	\$	
<b>Lodging:</b> Do you need your hotel booked?		
Yes: Attach hotel information including dates & ra		& rate per night\$
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 (@ \$.655 per mile) # of Miles _		Ride Share/Shuttle: \$
		employees of UMBC for rentals within the U.S. by the State hin the U.S. that includes CDW coverage. These fees will no
within 10 d	ays, per UMBO	ceipts must be turned in to the biology office C travel policy.
Additional Information:	••••••	•••••••••••••••••••••••••••••••••••••••

Pre-Approval #\_\_\_\_\_Air/Rail invoice rec'd \_\_\_\_\_Hotel/CC Auth sent:\_\_\_\_