

# Travel Request Form

PLEASE COMPLETE AND RETURN TO MATH/STAT DEPARTMENT  
AT LEAST TWO (2) WEEKS PRIOR TO YOUR DEPARTURE DATE

Traveler's Name:

SSN:

**Travel Agency to be used must be completed:**

UMBC Contracted Agencies:

<input type="checkbox"/> Omega	<input type="checkbox"/> Other
<input type="checkbox"/> Travel-On	(you will be making your own travel arrangements)
<input type="checkbox"/> Globetrotter	
Charge expenses to: <input type="checkbox"/> Department <input type="checkbox"/> Grant	
Specify Grant:	

**NOTE:** If traveler is a student and expenses are being charged to a grant the PI signature is **required**.    PI Signature:

<b>Please Check One:</b>	<b>Travel Costs:</b>
<input type="checkbox"/> Out of Country Travel	<input type="text"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Car <input type="checkbox"/>
<input type="checkbox"/> Out of State Travel	<input type="text"/> Additional Expenses
<input type="checkbox"/> In-State, <input type="checkbox"/> In-State Overnight Travel	<input type="text"/> Total Cost
If Air, which Airline:	

Departure Date:	Return Date:
Traveling To:	Traveling From:
Purpose of travel:	

For Office Use:

**Distribution of Charges**

FUND	DEPT	P-FIN	ACCOUNT	P-OPR	PROJECT	ACTIVITY	R-TYPE

Comments:

**APPROVAL SIGNATURES**

\_\_\_\_\_ Business Manager

\_\_\_\_\_ Department Head