

Pre-Travel Approval Form  
UMBC Department of Biological Sciences

Name (matches Government ID): \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Chart String: \_\_\_\_\_ PI Approval Signature: \_\_\_\_\_

**Trip Information:**

Purpose: \_\_\_\_\_  
\_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_

Is the trip paid for by a third party?      Yes      No

**Conference Registration:**

Charged to department P-card contact Sandy Johnson to process registration

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

**Transportation:** (Do you need air fare/rail booked for you?)

Yes: Attach a print out of exact arrangements requested including preferred airline.

No: Estimate the cost to be reimbursed \$ \_\_\_\_\_

**Lodging:** (Do you need your hotel booked?)

Yes: Attach hotel information including dates and rate per night.

No: Amount to be reimbursed \$ \_\_\_\_\_

**Meals:** (Per Diem: \$10 Breakfast, \$12 Lunch, \$25 Dinner)

Expected # of meals \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner

**Other Estimated Costs:**

Parking: \$ \_\_\_\_\_

Mileage (@ \$.545 per mile) # of Miles \_\_\_\_\_

Tolls: \$ \_\_\_\_\_

Taxi/ Shuttle: \$ \_\_\_\_\_

Car rental: Cost \$ \_\_\_\_\_

(See Sandy 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)

**Additional Information:**

Note: To be reimbursed for travel expenses original receipts along with a "Request for Reimbursement" form must be turned in to the biology office with in 10 days per UMBC travel policy.

ETravel # \_\_\_\_\_ Einvoice rec'd \_\_\_\_\_ Hotel Authorization sent: \_\_\_\_\_