

TRAVEL APPROVAL REQUEST UNIVERSITY OF MARYLAND

DEPARTMENT OF CHEMISTRY AND BIOCHEMISTRY

Business Office Phone: 301-405-1878 Fax: 301-314-2600

Are you an em	nployee? [] Yes [] No	0
Name	Titl	e Traveler
UID#	Account #	# Email
No SS#, Spec	ify Visa status:	
Visa Type		Passport/Visa #
Means of trans		private- estimate mileage
Date of Depart	ture:	Date of return:
Origin:		Destination:
federally spon	sored specify:	nce with the "Fly America" USA flag carrier requirement. If
•	ation cost: Est. other c	costs: Est. total cost: \$
provide the fol [] G [] O [] Ti	lowing information: lobetrotter Ph mega Ph	the following University contract travel agencies directly and one: 301/570-0800 one: 301/403-4282 one: 301/403-4278
Comments:		
Travel is appro	oved subject to its conduct in	compliance with University travel regulations.
Signatures:		
Traveler (Sign	ature)	 Date
Authorizing Au	uthority (Signature)	Date

(The authorized signature is mandatory. The PI or designated representative approves Contract/Grants funds. All non-allocated resources must be approved by the Chair of Chemistry/Biochemistry.)