

MRSEC TRAVEL APPROVAL REQUEST FORM
FOR VISITORS

Name: _____ **Date:** _____

Social Security Number: _____ **Email:** _____

Contact at UMD-MRSEC: _____

Will you be seeking reimbursement from UMD-MRSEC? Yes No

Purpose of Travel: _____

Departure Date: _____ **Return Date:** _____

How will you be traveling to UMD?

- Flying Driving personal vehicle Other: _____
- Train Bus

If flying:

Airport of Origin: _____ **Airport of Destination:** _____

Airfare: _____ **Airline Name:** _____

Please provide a copy of your flight itinerary when you submit this form.
Important: MRSEC visitors MUST use U.S. flag air carriers.

If traveling by any means other than flying:

Address of Origin: _____ **Address of Destination:** _____

Estimated expenses:

Hotel: @ \$ _____ / Day = _____ Includes tax Does not include tax

Land Transportation: _____ (If driving personal vehicle, do not include that cost here)

Parking: _____

Other: _____ **Specify:** _____

Additional Comments: _____

