

MRSEC TRAVEL APPROVAL REQUEST FORM

Name: _____ **Date:** _____

Social Security Number: _____ **Advisor:** _____

Email: _____ **Phone:** _____

Is this a no-cost travel? Yes No

Purpose of Travel: _____

VERY IMPORTANT: Please attach the abstract(s) for your presentation. Abstract(s) must cite that your work was supported by the NSF-MRSEC at the University of Maryland, DMR # 0520471.

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

How will you be traveling to your destination?

- Flying Driving personal vehicle Driving state vehicle from Motor Transportation
- Train Bus Other: _____

If flying:

Airport of Origin: _____ Airport of Destination: _____

Airfare: _____ Airline Name: _____

Please provide a copy of your flight itinerary when you submit this form.

If traveling by any means other than flying:

Address of Origin: _____ Address of Destination: _____

Do you need a Motor Transportation vehicle reserved for you? Yes No

With whom did you make travel arrangements?

- Omega 301-403-4282 Travel-On 301-403-4278 Globetrotter 301-570-0800 Self

Estimated expenses:

Registration Fee: _____

Hotel: @ \$ _____ / Day = _____

Includes tax Does not include tax

Land Transportation: _____

(If driving personal vehicle, do not include that cost here)

Parking: _____

Others (specify): _____

Traveler's Signature: _____

MRSEC Advisor Authorization Signature: _____