



MRSEC TRAVEL APPROVAL REQUEST FORM

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Advisor: \_\_\_\_\_

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): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Traveler's Signature: \_\_\_\_\_

MRSEC Advisor Authorization Signature: \_\_\_\_\_

MRSEC Director Authorization Signature: \_\_\_\_\_

(Janice Reutt-Robey)