**Condensed Matter Theory Center**

**Travel Approval Request Form**

\*This form must be submitted to Erika Martin (emartin3@umd.edu) AT LEAST 3-4 weeks prior to travel\*

***The purpose of this TAR form is so CMTC can submit an approval request with all information regarding each traveler’s trip. Please make sure you include costs, if costs cannot be provided estimates are okay.***

**Please note, all CMTC students and postdocs are in charge of their own travel arrangements. We encourage you to purchase your own travel and accommodations, fill out the information below, and the University will reimburse you for the approved charges.**

**General Information**

**Full Name:**

**Email:**

**Are you on UMD payroll?** Yes No

* If you answered no, please fill in your home address below.

**Home address:**

**Phone:**

**SSN#:**

**Gender (for airfare purposes)**

**P.I.:**

**Trip Purpose (be specific):**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How does this travel directly benefit the sponsored project award?**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Travel Information**

**How are you traveling to and from your destination?**

 Airfare

 Amtrak

 Personally owned vehicle

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Airfare**
	1. Federally sponsored travel must be in compliance with the “Fly America” act, therefore all flights must be through a US Flag Carrier (Delta, United, American Airlines, Southwest, etc.). To be specific, tickets must be bought on US sites such as www.united.com. These tickets are able to code share with a non US carrier but they **MUST** be purchased through the appropriate site.
	2. The University will only allow CMTC to reimburse Coach/Economy class (please do not book first class/upgraded seating);
	3. Please pick the exact flight you would like and enter information accordingly (even if you are purchasing flights on your own);
	4. **PLEASE REFRAIN FROM USING WEBSITES SUCH AS EXPEDIA.COM, CHEAP-ON AIR, KAYAK, ETC.**

**Please mark one:**

I would like the University to purchase my airfare that I have listed below.

 I have purchased my airfare and I will request reimbursement. I have listed the details below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Airport (please use code)** | **Time** | **Airline** | **Flight#** | **Cost** |
|  | Departing- Arriving-  | Departing- Arriving- |  |  |  |
|  | Departing- Arriving- | Departing- Arriving- |  |  |  |

**Total cost for airfare is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Amtrak/Train**
	1. We do not purchase train tickets, but will reimburse with receipt.

|  |  |  |
| --- | --- | --- |
| **Date** | **Train Station (please use code)** | **Cost** |
|  | Departing- Arriving- |  |
|  | Departing- Arriving- |  |

**Total cost for train/amtrak is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Personally Owned Vehicle**
	1. This subcategory pertains to those that are driving to a conference or University from their home or University. Traveler will be reimbursed for mileage at the current rate of $0.58. Please indicate what address you will be starting at and your destination (assuming UMD is the starting point, please use Stadium Dr, College Park, MD 20742).
	2. \*IF YOUR TRIP IS OUT OF STATE, PLEASE LET ME KNOW! THERE ARE ADDITIONAL REGULATIONS\*

|  |  |  |
| --- | --- | --- |
| **Date** | **Destination** | **How many miles?** |
|  | Departing- Arriving- |  |
|  | Departing- Arriving- |  |

**Please answer the following:**

 I am requesting reimbursement for my personal mileage.

* If you answered yes, please fill out the additional information below if applicable:

**Are their parking fees?**

 **Yes; The total cost for parking is** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **No**

 I am not requesting reimbursement for my personal mileage.

**Total cost for my personally owned vehicle is** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Total cost for parking is**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lodging Information**

**Please mark one:**

I would like the University to purchase my hotel that I have listed below.

 I have purchased my hotel stay and I will request reimbursement. I have listed the details below.

**Name of Hotel:**

**Hotel Address:**

**Dates of stay:**

**Cost per stay:**

**The total cost of lodging is** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conference Information**

I would like the University to purchase my conference fee that I have listed below.

 I have purchased my conference fee and I will request reimbursement. I have listed the details below.

**Conference Name:**

**Location:**

**Website:**

**Dates of conference:**

**Conference fee:**

**If any other information is needed for purchasing, please list here:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ground Transportation Information**

**At my travel destination, I am traveling by:**

 Uber/Lfyt/etc

 Taxi

 Rental car

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If you choose to rent a car please keep in mind we only reimburse Car Rental and Fuel (with receipts) and nothing further. This includes but not limited to rental insurance, XM Radio, upgrades, etc.
* All ground transportation (Uber, Taxi, SuperShuttle, etc.) will be reimbursed with receipts.
* If driving to another University or Conference personal mileage will be reimbursed after your trip is over.

**Please mark one:**

 I am requesting reimbursement for ground transportation.

 I am NOT requesting reimbursement for ground transportation.

**The total estimated cost for all of my ground transportation is \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funding Information**

**Please mark one:**

I am receiving funding ONLY from CMTC for this trip.

 I am receiving funding from CMTC and other centers for this trip.

**If you are receiving additional funding, please include the information below:**

**Center name(s):**

**How much they are covering:**

**Name(s) on KFS Account:**

**KFS Number(s):**

**Any additional information:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meals**

**The University per diem rates (including tax and tip) are as follows:**

* $13.00 for breakfast
* $15.00 for lunch
* $28.00 for dinner

The total per diem (including tax and tip) is $56.00 per day.

You do not need to keep your meal receipts during your travel for reimbursement. You will be reimbursed the daily per diem rate for every day you are traveling.

**Additional Travel Information**

**Please mark one:**

I am traveling to and from the dates specified in this document solely for physics related travel.

 I am traveling in advance and/or extending my trip at my own personal expense.

**If your travel dates include dates at your own personal expense, please list them:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If part of your travel dates are at your personal expense, you MUST email me a flight comparison (comparing prices on the days you would have been flying solely for physics, vs the prices for the official travel days for your trip) .**

**Reimbursement Information**

**When your trip is over, please contact me via email (****emartin3@umd.edu****) and I will start the reimbursement process.**

**Please be sure to keep all receipts for your trip.**

Please do not hesitate to contact me for any questions you may have.

**For more information on University-wide travel policy, please visit the travel services website:** [**http://www.dbs.umd.edu/travel/policy/umtravel**](http://www.dbs.umd.edu/travel/policy/umtravel)**. All University restrictions apply.**

