



**Business Office Use:**

KFS# \_\_\_\_\_

REF# \_\_\_\_\_

TAR# \_\_\_\_\_

**iSchool Travel Reimbursement Request Form**

**[THIS FORM MUST BE SUBMITTED WITHIN 90 DAYS OF TRAVEL]**

**\*COMPLETED FORMS SHOULD BE EMAILED TO [ischooladmin@umd.edu](mailto:ischooladmin@umd.edu)\***

PERSONAL INFORMATION	
Full Name (Last, First)	
UID/SSN*	
Mailing Address	
Email	
Phone	

*\*SSN required for non-UMD employees. Call 301-405-2033 to provide SSN.*

TRIP INFORMATION	
Mode of Travel	___ Air ___ Rail ___ Personal Vehicle
Travel From (City & Airport)	
Travel To (City & Airport)	
Departure Date	
Departure Time	
Return Date	
Return Time	
Additional Travel Info (i.e. multiple destinations, personal travel included, etc.)	
Trip Purpose	

FUNDING	
Account Number*	

*\*If grant or contract funds, your signature certifies travel is directly related to the project and prior approval from funding agency has been obtained.*

**LIST TRIP EXPENSES ON PAGE 2**

**Once this form and all receipts are submitted to the iSchool Business Office you will receive an Expense Statement for signature within 5 business days.**

**You will need to provide an original signature on the Expense Statement for your reimbursement to be processed.**

**UMD employee reimbursements will be added to employee paychecks.**

**Non-UMD employees will receive a check in the mail from the State of Maryland.**

**\*\*\*[UMD's Traveler's Guide](#)\*\*\***

TRAVEL EXPENSES BY DATE (insert date in top column, and expenses for that day below)								
DATE:								TOTAL
BREAKFAST*								
LUNCH*								
DINNER*								
LODGING								
AIRFAIRE/RAIL								
TAXI/CAR SERVICE								
BUS/METRO								
AUTO RENTAL								
PARKING/TOLLS								
REGISTRATION FEE								
OTHER								
* Use per diem meal rate								TOTAL:

PERSONAL VEHICLE MILEAGE (provide map printout for each trip)				
DATE	FROM	TO	# OF MILES	REIMBURSEMENT

**Important Receipt Notes:**

- Receipts/documentation required for all items listed on this sheet other than per diem.
- Lodging requires itemized receipt (or hotel folio) listing all charges, and credit card charged.
- Airfare requires itemized receipt listing trip details, all charges, and credit card charged.
- No reimbursements will be made for any insurance purchased for trip.

**Domestic Per Diem Rate**

Breakfast: \$15.00  
 Lunch: \$18.00  
 Dinner: \$30.00  
**Total: \$63.00**

[International Per Diem Rates](#)

**Mileage Reimbursement Rate:**  
 \$0.625/mile

APPROVAL SIGNATURES	
Reimbursement TOTAL	
Traveler Signature	
Trip Sponsor/PI	