



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

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	<input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Personal Vehicle
Travel From (City & Airport)	
Travel To (City & Airport)	
Departure Date	
Departure Time	
Return Date	
Return Time	
Additional Travel Info <i>(i.e. multiple destinations, personal travel included, etc.)</i>	
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:	\$13.00
Lunch:	\$15.00
Dinner:	\$28.00
Total:	\$56.00
International Per Diem Rates	
Mileage Reimbursement Rate:	
\$0.58/mile	

APPROVAL SIGNATURES	
Reimbursement TOTAL	
Traveler Signature	
Trip Sponsor/PI	