**Joint Quantum Institute (JQI)**

**Travel Approval Request Form**

**\*This form must be submitted AT LEAST 3-4 weeks prior to travel\***

*The purpose of this TAR form is so the JQI 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.*

**The UMD policy is that a TAR must be approved PRIOR to purchasing any tickets/registration fees and etc. Without an approved TAR, reimbursement is not guaranteed.**

**Full Name**: (first, middle, last):

**E-mail**:

**Are you on UMD Payroll?:**

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

**Home Address**:

**Phone**:

**SSN#**:

**Date of Birth (MM,DD,YYYY):**

**Gender (for airfare purposes):**

**P.I:**

**KFS Account number (if unknown please find out from P.I):
Trip Purpose (be specific):**

**How does this travel directly benefit the sponsored project award? (Mandatory on 4 and 5 accounts):**

**Are there any personal days involved? If so, please include details below.**

**I. Airfare/Transportation:**

* 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.
* The University will only allow JQI to reimburse Coach/Economy class (please do not book first class/upgraded seating);
* Please pick the exact flight you would like and enter information accordingly (even if you are purchasing flights on your own);

**Please mark one:**

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

**-OR-**

 \_\_\_\_ I have purchased my airfare and I will request reimbursement.

I have listed the details below

**PLEASE REFRAIN FROM USING WEBSITES SUCH AS EXPEDIA.COM, CHEAP-ON AIR, KAYAK, ETC.**

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

**ll. Lodging**

**Please mark one:**

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

**-OR-**

 \_\_\_\_ 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 Night:

Total cost:

**III. Ground Transportation/ Rental Car:**

* 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.

**IV. Amtrak/Train**

We do not purchase train tickets, but will reimburse with receipt.

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

**V. Personally Owned Vehicle**

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 $0.625. 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).

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

**VI. Conference**

**Please mark one:**

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

**-OR-**

 \_\_\_\_ I have purchased my conference fee and I will request reimbursement.

I have listed the details below.

**Conference Name:**

**Location:**

**Website:**

**Dates:**

**Cost:**

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

**When your trip is over, please contact me via email and I will start the reimbursement process.**

Please don’t hesitate to contact me for any questions you may have.

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