

UNIVERSITY OF BALTIMORE
Individual Request For Out of State Travel

Date Submitted: _____ (MUST SUBMIT 30 DAYS PRIOR TO TRAVEL) Travel Request #: _____

Name of Traveler: _____ ID Number: _____

School/Department: _____

Date(s) of Travel: _____ to _____ Destination: _____

Purpose of Travel[†]: _____

[†] Include the name of event, type of activity (e.g., research presentation, representing college/program, supporting academic discipline), and the capacity you will be serving (e.g.; presenter, panelist, moderator, conference planner, disciplinary organization leadership role, attendee).

Method of Travel: ☐ State Car ☐ Private Car ☐ Airplane ☐ Train ☐ Bus ☐ Other

Estimated Cost

Payment Method

Registration Fees _____

☐ PCard

Lodging _____

☐ PCard

Meals _____

Transportation _____

☐ Travel Agency/Travel Card

Other _____

TOTAL _____

Payment method box not selected
assumes reimbursement to traveler.

Traveler's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Budget/Finance

Chartfield Information: _____ (Account) _____ (Department) _____ (Fund) _____ (Program) _____ (Project) Req #: _____

Req Amt: _____

Travel requested herein is authorized and funding is certified available:

Department Head/Chair/Director (Authorize Travel)	Date	Business Manager (Funds Available)	Date
Dean (Authorize Travel *)	Date	Executive Vice President/Provost (Authorize Travel **)	Date

* Dean/EVPP approval is necessary for Out-of-Country travel.

** EVPP approval is necessary for state funded travel and travel by direct report