TRIP #:_



ELECTRICAL AND COMPUTER ENGINEERING DEPARTMENT TRAVEL APPROVAL REQUEST

FRS #:		
		First Name:
Email:	Phone:	
Globetrotter Tra	ce you used (please check one) vel-On Inc Omega World Travel Specify Airline	Form of Payment for Air/Rail Tickets: Department Diner's Club Personal Credit Card Expiration Date for airfare rate
Leaving from (city/s	state & airport):ate & airport)*:	—— Departure date: ———
	nore than location, please attach itinerary. Incadditional approvals.	lude dates. PLEASE NOTE: Foreign travel on Sponsored FRS
Trip Purpose: (no ac	cronyms, please)	
Relevance to Univer	sity Business or Sponsored Project:	
ADDITIONAL COMMI	ENTS:	
MANY FRS#S BETWI CARRIER REQUIREM Estimated Costs (it i Air/Rail	EEN 4-30000 AND 4-33999), CONFIRM THAT I EENT. s better to over-estimate than to underestimate Phone/Fax/Communic Ground Transportation	ation \$ Personal Car Mileage \$ Conference Fee \$
TOTAL EXPENSES	S \$	
University no long		PLETED TWO WEEKS BEFORE YOU TRAVEL. AS OF JULY 1, 1999, THE LOWING RATES ARE TO BE USED FOR ALL NATIONAL TRAVEL. FOR SS.UMD.EDU/TRAVEL
\$41 per diem Breakfast: \$8.00 Lunch: \$10.00 Dinner: \$23.00	POV Rate is \$0.485 per mile as of 1/1/0 employee must subtract normal commu Contact Motor Pool at (301)405-5482 for or to make arrangements for a University	ter mileage Globetrotter: (301) 570-0800, travel@globetrottermgmt.com
*To be reimbursed fo day, you must return		ust leave your residence before 6:30 a.m. For dinner on your last
For Faculty Men	nbers Only: Does this travel requir	e you to miss assigned classes?
Yes - yo	u are required to complete side 2 of	this formNo
		all prior written approvals have been obtained from the impliance with Department policy as described on side 2of
Approval: Faculty N	Name (please print)	
	Faculty Signature	Department Chair's Signature

PROPOSED ARRANGEMENTS FOR COURSE COVERAGE

University class policy stipulates that there shall be regular attendance by assigned faculty unless such attendance is prevented by circumstances beyond the control of the faculty member. In keeping with this policy, it is necessary for you to list all classes that will be missed as a result of this travel as well as the proposed arrangements for course coverage.

Please note that classes should be covered by regular members of the faculty. In cases where it is deemed necessary and/or appropriate to have a class covered by someone who is not a member of the faculty, please state the justification for such an arrangement. The proposed course arrangements will be submitted for review and approval by the Chair.

____ Total # of Classes Missed in the Current Semester To-Date (include the # of classes missed as a result of travel or for any other reason)

Course Arrangements for this Travel

Course	Section	Date	Time	Description of Arrangements

Comments (please use this section to provide justification if the proposed substitute is not a regular ECE faculty member):