E-Travel Request Form – For CWIT (SWE) Foundation Account

Note: All fields denoted with a "*" are required.

CLEAR THE FORM

Travel Agency: * [▼] ⓘ
Department: * 10130 🔍
Last Name: * [   ] ⓘ   First Name: * [   ]
Is the traveler an employee? * [▼]

DISTRIBUTION OF CHARGES

FUND *	DEPT *	P-FIN *	ACCOUNT *	PROJECT	ACTIVITY
1113 ▼	10130 🔍	021 ▼	7040300 - Out-of-State/Routine Operati ▼	CV388822 🔍	CNV

COSTS

Air/Rail/Bus: * $ 0.00 ⓘ   Air?: * Yes ▼   Rail?: * [▼]
Reimbursable Expenses: * $ 0.00 ⓘ

AIRLINE

U.S. Airline Name: [▼]
Specify, if other: [   ]
If sponsored funds, add remarks here: [   ]

TRAVEL

Departure Date: * [   ] 📅   Return Date: * [   ] 📅
Origin: * [   ] ⓘ   Destination: * [   ] ⓘ
Trip Purpose: * Write the reason for your travel (name of conference, etc.) here.

CONFIRMATIONS

1. Confirm that travel arrangements are in full compliance with the following:
   - UMBC Travel Policies
   - External award terms and conditions
     - Fly America
     - PHS Conflict of Interest
     - Other Sponsored Requirements
   - Export Control Regulations   ○ Yes ○ No

2. Are you completing this form on behalf of someone other than yourself?   ○ Yes ○ No

3. If you are completing this form on behalf of someone other than yourself, have you verified that the traveler is in full compliance with all travel policies, external awards and conditions and export control regulations listed in item #1?   ○ Yes ○ No

4. If you specified an airline AND the travel is federally sponsored, confirm that itinerary is in compliance with the Fly America U.S.A. flag carrier requirement. (Select "No" if either you did not specify an airline OR the travel is not federally sponsored.)   ○ Yes ○ No

APPROVAL CONTACTS

Department Contact: ⓘ
User ID: FH36334 🔍   E-Mail: FH36334@umbc.edu
Name: * Erin Poandl   Phone: * 410-455-2822

Approving Authority: ⓘ
User ID: RHEINGAN 🔍   E-Mail: RHEINGAN@umbc.edu
Name: * Penny Rheingans   Phone: * 410-455-2822

CC (Optional, up to four email addresses): ⓘ
bobbiestocks@umbc.edu

COMMENTS

What should the comments in the E-Travel Request Form include?
Name of conference and any additional info necessary

SUBMIT E-TRAVEL REQUEST

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my.umbc.edu → TOPICS → Financial Services & accounting → E-Travel Request form
OR
my.umbc.edu → TOPICS → Financial Services & accounting → PeopleSoft:Finance→Accounts Payable→ E-Travel Request form

Travel Agency: travel agency used or OTHER

Distribution of Charges:
 (For travel funded by the CWIT Foundation Account)
- Department: 10130 (CWIT)
- Fund: 1113
- Dept: 10130
- PFIN: 021
- Account: 7040300
- Project: CV388822
- Activity: CNV (auto filled)

Costs:
- Air/Rail/Bus: Total cost
- Air: Yes or no
- Rail: Yes or no
- Reimbursable expenses: Estimate of Food (up to per diem) and hotel and other possible incidentals (taxi). Save all receipts.

Airline:
- You will only see this section if you select YES for airline travel.

Travel:
- Trip Purpose: write the reason for your trip or the name of the conference

Confirmations:
- Confirm you are in compliance with various policies.

Approval Contacts:
- Department Contact: For CWIT travel Erin Poandl (FH36334)
- Approving Authority: for CWIT accounts Penny Rheingans (RHEINGAN)
- The person submitting the travel form, the department contact and the approving authority will all receive a copy of the travel request via e-mail. CC any additional people who will need a copy.