



MATERIALS SCIENCE AND ENGINEERING | TRAVEL REQUEST FORM

***** FILL OUT THIS FORM COMPLETELY *****

Once this form is completed, e-mail it to your travel coordinator: msetravel@utdallas.edu.

Please complete this form 3 weeks before DOMESTIC Travel; 6 weeks before INTERNATIONAL Travel

TRAVELER

Full Name (as shown on government ID):	Gender:	Male	Female
Date of Birth (MM/DD/YYYY):	Phone Number:		
Position Title (ex: Prof., RA, Post Doc):	Traveler's UTD-ID:		
Professor's Name:	Travel Dates (MM/DD/YY):	to	Estimated Expenses:
Travel Destination (city, state, country):	Cost Center (REQUIRED):		

TRAVELER SIGNATURE: Your signature indicates agreement with the information on this form.

Name (print)

Signature

Date

IMMEDIATE SUPERVISOR AUTHORIZATION: Signature indicates authorization for this trip. If denied, return to the traveler.

Name (print)

Signature

Date

PURPOSE OF TRIP

Please indicate if your trip is for a conference or a business meeting, or a combination of both, and fill in the information below accordingly: Conference Business Meeting

Conference Information

Conference Name:

Dates Attending:

****Please attach a copy of the conference agenda or provide the conference web link in the "trip's purpose" description below****

Business Meeting Information

University/Company:

Dates of Meeting(s):

Invited Talk: Yes No

Trip Purpose Description: Please keep in mind that the "benefit to UTD" is different from the "business purpose" of the trip. You must show that the travel helps you fulfill UTD's objectives.

Detail description of this **trip's purpose**: (Example: to attend Society Conference in Madrid, Spain)

Detail description of this **trip's benefit**: (Example: to keep department up-to-date on latest research and developments)

Is this trip sponsored by someone other than UTD? Yes No

If yes, please describe the sponsorship:

Personal Days:

Yes No

If yes, list dates:

DISPOSITION OF DUTIES WHILE ABSENT (REQUIRED FOR FACULTY, STAFF, AND RESEARCH ASSISTANTS)

THIS INFORMATION IS REQUIRED AND THE UNIVERSITY WILL NOT ACCEPT "N/A" or "NONE"

Select the appropriate duties disposed, including the name and title of the person who will be covering your duties.

Name and title of person covering your RESEARCH duties:

Name and title of person covering your TEACHING duties:

Name and title of person covering your ADMINISTRATIVE duties:

INTERNATIONAL TRAVEL: Complete the International Travel Authorization (ITA) <https://ie.utdallas.edu/rs/get-travel-authorization/>

International travel requires **six weeks** for processing.

All students traveling internationally must contact their travel coordinator ASAP!

I have read and agree to UTD's International travel policies.

International trips purchased outside of UTD, please register your trip at the ISOS link: <https://ie.utdallas.edu/rs/register-your-trip/>

FLIGHT

All flights must be purchased by UTD (unless sponsored by someone else).

Will you be flying? Yes No

Do you need UTD to purchase this flight? Yes No

Preferred Airline Name:

Frequent Flyer #:

Seat preference: Window Aisle Middle

Location preference: Front Middle Back

DEPARTURE

****Please submit a screenshot for multiple connections****

If you have a connecting flight, please fill out both sections:

Flight Date: Departure Time: Arrival Time:

Departure Airport: Arrival Airport: Flight #:

Flight Date: Departure Time: Arrival Time:

Departure Airport: Arrival Airport: Flight #:

RETURN

If you have a connecting flight, please fill out both sections:

Flight Date: Departure Time: Arrival Time:

Departure Airport: Arrival Airport: Flight #:

Flight Date: Departure Time: Arrival Time:

Departure Airport: Arrival Airport: Flight #:

RENTAL CAR

Do you need a rental car? Yes No

Preferred Rental Car Company:

Preferred Customer Number:

Preferred Car Size (Up to Full Size):

Did You Know? Enterprise Rent-A-Car or National can be Direct Billed to UTD with no out-of-pocket expense to you.

HOTEL: You book your own hotel (EMAIL hotel confirmation with the travel request)

**** YOU MUST SUBMIT AN ITEMIZED HOTEL RECEIPT IN YOUR NAME TO RECEIVE REIMBURSEMENT ****

Hotel Name: Nightly Room Rate (REQUIRED):

Is this the conference hotel? Yes No Sharing a room? List names:

CONFERENCE REGISTRATION

Would you like UTD to pay for your conference registration? Yes No

If "YES", please visit the "Registration Station" located on the 3rd floor, in the administrative area, between 2:30 -3:30pm

REIMBURSEMENT POLICIES (No Receipts, No Reimbursement)

****Important Note: Reimbursements processed after 60 days of return date are considered income and will be taxed****
Please email **all receipts** to travel coordinator within **two weeks** of return. Questions? Email msetravel@utdallas.edu.
For **domestic** per diem rates: www.gsa.gov. For **international** per diem rates: <http://aoprals.state.gov>.