Department of Obstetrics and Gynecology

Staff/Faculty/Generalist Travel and Professional Development Request Fund Form 2015/2016

**Please submit this form to the Department APO.**

Name: Date of Request:

CCID:

Meeting/Conference: Date of Event:

Description:

**Are you presenting at this meeting/conference?** Yes ⌧ No ⌧

Title of Paper/Presentation:

**Have you received advance leave approval?** Yes ⌧ No ⌧

**Have you submitted previous requests for travel this year?** Yes ⌧ No ⌧

Amount Requested: (please complete anticipated budget below)

Important: Please refer to the requirements and maximum allowances outlined in the University Travel Policy when completing your anticipated budget. All expenses must be accompanied by original receipts to qualify for reimbursement.

|  |  |
| --- | --- |
| **Anticipated Expenses**  | Total Expense |
| Airfare | $  |
| Accommodations | $ |
| Conference/Meeting Registration | $ |
| Daily Mandatory Allowance | $ |
| Ground Transportation | $ |
| Mileage (.50¢/km) | $ |
| Meals (based on per diem rate)\* | $ |
| Total Anticipated Expenses | $ |

***Please forward Travel Fund Requests to Shannon Charney, APO once supervisor signature has been obtained.***

Supervisor Signature: Date:

For Finance Approval Only

Approved: Yes ❒ No ❒

Amount: $ Speedcode:

Finance Authorization: Date