



Please submit this form in conjunction with your abstract submission (if applicable)

Name: _____ Date of Request: _____
Student ID: _____ Program Year: _____

Are you wanting to use your PGME fund for this request?

Have you submitted previous requests for expenses this year? _____

If yes, please provide details. _____

Have you exhausted your \$650 PGME grant funds? _____

If no, remaining balance. _____

Please fill out part a. for professional development requests or part b. for travel requests.

*Note: One single form submission per funding request/application (Please do not submit a request for part A and B using the same form)

A.

Anticipated Expense: _____

Reason for Expense: _____

Expense Total: _____

Important: Please refer to the requirements and maximum allowances outlined in the University Non-Travel Policy when completing your anticipated budget (please note that these policies are to be used as guidelines only, internal department policies will also take in affect). All expenses must be accompanied by original receipts to qualify for reimbursement. E.g. \$500 maximum

B.

Must be submitted 6 weeks ahead of travel time

Have you previously attended a conference during your residency program? _____

If yes, provide details below

Conference Name: _____

Dates: _____ to _____

Presenter or co-presenter _____

Purpose of travel/meeting/conference name: _____

Dates away from program (include travel dates): _____ to _____

Are you presenting at this meeting/conference? _____

Title of Paper/Presentation: _____

Have you received advance leave approval? _____
 *Leave of absence form approved by chief resident must be included

Have you submitted previous requests for travel this year? _____

If yes, please provide details. _____

Have you been awarded supplementary travel funding for this request?* _____

Amount Requested: _____

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

***Please complete anticipated budget below:**

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

Please forward Travel Fund Requests to Darlene Stewart, Assistant Chair (Admin) once both signatures have been obtained.

****Those who have been awarded outside funding will be adjudicated with priority/preference***

Resident Signature: _____ Date: _____

Residency Program Director Signature: _____ Date: _____

<u>For Finance Approval Only</u>	
Approved: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Approved Amount: \$ _____	Speedcode: _____
Finance Authorization: _____	Date: _____

Approval Routing:
 Resident > Residency Program Director > Dept. Business Admin > Assistant Chair Admin

****Note: Conference expenditures can only commence once financial approval is granted***