

Travel/Training Request Form

Requestor Information

Request Date: _____

Employee Name: _____ Department: _____

Job Title: _____

Participation Role: Attendee Only Presenter/Speaker Other:

Purpose of Request: _____

Event Information

Event Name: _____

Event Location: _____

Dates: _____ to _____

Registration Website: _____

Registration Cost: _____ Early Registration Cost: _____

Registration Deadline: _____ Early Registration Date: _____

CEUs/CMEs Offered: Yes No Total # CEUs/CMEs: _____ N/A

Travel Information

Transportation Type: _____

Departure Date: _____ Preferred Depart. Time: _____

Return Date: _____ Preferred Return Time: _____

All travel/training requests must be pre-approved by your immediate supervisor prior to submitting a travel/training request.

Signatures

| | | | |
|------------------------------|-------------------------|------------------------------|-----------------------------|
| _____ | Approved by Supervisor: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee Signature | Date | | |
| _____ | Approved: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Program Director Signature | Date | | |
| _____ | Approved: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Clinical Director Signature* | Date | | |
| _____ | Date Received: | _____ | |
| Travel Coordinator Signature | Date | | |

*Clinical Director's signature is required for all travel/training requests made by members of clinical programs.