

USA COLLEGE OF MEDICINE REQUEST TO TRAVEL

If this travel request includes INTERNATIONAL travel, you must obtain an approval from the Office of International Education PRIOR to submitting this request.

I. Name _____ J# _____ Title _____
Office address _____ Department _____

II. I request permission to travel from _____ to _____ for a total of _____ consecutive days.

My travel includes personal days (outside of the business travel). YES NO

Personal travel (do not include the actual travel days) from _____ to _____ for _____ days.

In-State Out-Of-State Combined International
(approval from the Office of International Education must be attached)

Conference/Event Name _____

Destination City _____ Mode of Travel _____

III. Total estimated cost (include all prepaid expenses):

Transportation _____ Meals _____ Other _____
(Per-Diem)

Lodging _____ Registration _____

TOTAL estimated cost: _____

IV. Source of funding:

FOAP #1/SAMSF Account _____ amount / (%) _____

FOAP #2/SAMSF Account _____ amount / (%) _____

V. Additional comments/notes: _____

VI.

Request was prepared by _____ Date _____

COMBO Reviewer _____ Date _____

Traveler's Signature _____ Date _____

COM/SAMSF approval _____ Date _____

Department's Chair Signature _____ Date _____

COM G&C approval _____ Date _____

Other _____ Date _____