

**REQUEST FOR AUTHORIZATION TO TRAVEL**

**DEPARTMENT OF SURGERY**

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

REQUISITIONER: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE (Attach brochure or meeting announcement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATES OF MEETING/OFFICIAL BUSINESS:

FROM \_\_\_\_\_ TO \_\_\_\_\_

DATES OF ABSENCE FROM WORK INCLUDING TRAVEL AND VACATION:

FROM \_\_\_\_\_ TO \_\_\_\_\_

| <b>ESTIMATED COST:</b> |  | (Brief Description:)  |       |
|------------------------|--|-----------------------|-------|
| TRANSPORTATION         |  |                       |       |
| AIR                    |  | _____                 | _____ |
| AUTO MILEAGE           |  | _____                 | _____ |
| OTHER                  |  | _____                 | _____ |
| REGISTRATION FEE       |  | _____                 | _____ |
| HOTEL                  |  | _____                 | _____ |
| MEALS                  |  | _____                 | _____ |
| OTHER (Specify)        |  | _____                 | _____ |
| OTHER (Specify)        |  | _____                 | _____ |
| PRESENTATION MATERIALS |  | _____                 | _____ |
|                        |  | <b>TOTAL ESTIMATE</b> | ===== |

APPROVAL GRANTED: \_\_\_\_\_

Dept of Surgery Administration