

Arnot Health Graduate Medical Education Travel Request Form

Date Submitted: _____
(Travel request must be submitted 60 days prior to travel)

Name: _____ Dates of Travel: _____ to _____

Reason for Travel: _____

Traveling from: _____ to: _____

NOTE: All Conference related Expenses will not be reimbursed until GME has received a receipt of conference attendance.

If the purpose of your travel is conference related please attach the following:

1. Conference Flyer
2. Abstract / Poster (if you are presenting)
3. Copy of notification that you have been selected to present at the conference

Is this conference required by your current program? Yes No

Is this conference required for you to be Board Eligible? Yes No

Estimated Expenses: (all sections must be completed for approval)

Expense	Description	Total
Airfare	Round Trip (including Tax and Baggage Fee)	
Hotel	Hotel Name: _____ # of Nights: _____	
Meals	(\$50.00/day)	
Conference	Registration Fee (Early Bird rate Yes <input type="checkbox"/> No <input type="checkbox"/>	
Transportation	Uber / Taxi / Train costs	
Hotel Parking (if Airfare is not required)	Parking fee	
Mileage (if Airfare is not required)	\$0.54 x (miles)	

Total Expense: \$ _____

Requester Signature: _____ Date: _____

Program Directors Signature: _____ Date: _____

DIO Signature: _____ Date: _____

STATUS: (GME to complete)

Request is **Approved**

Provide more information: (Comment Required) _____

Request **Denied**