

**UNC Curriculum in Toxicology & Environmental Medicine**  
**Travel Request Form**

I. Name: \_\_\_\_\_ Date: \_\_\_\_\_

UNC PID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

II. Travel Dates: \_\_\_\_\_

III. Travel Status: \_\_\_\_\_ Conference \_\_\_\_\_ Training \_\_\_\_\_ Other

Conference Name: \_\_\_\_\_

Location: \_\_\_\_\_

If a conference, do you intend to submit an abstract and/or make a presentation: \_\_\_\_\_

If "no", need supporting message from mentor: \_\_\_\_\_

IV. Estimated Expenses :

1. Travel (Mode \_\_\_\_\_) \$ \_\_\_\_\_

2. Lodging \$ \_\_\_\_\_

3. Meals-how many days will you be paying for meals? \_\_\_\_\_

4. Registration \$ \_\_\_\_\_

5. Other (e.g., Checked baggage, airport parking,  
ground transportation) \$ \_\_\_\_\_

6. Total Estimated Expenses: \$ \_\_\_\_\_

Trainee Traveler: \_\_\_\_\_ Date: \_\_\_\_\_

Research Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Request: Approved / Denied w/ Explanation:

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