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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