

The University of Toledo
College of Medicine & Life Sciences

RESIDENT & FELLOW TRAVEL REQUEST FORM

Resident Name(s): _____ Date: _____

Purpose of Travel: _____

☐ Presenter at Meeting/Conference (attach itinerary)

Paper ☐ Yes ☐ No

Poster ☐ Yes ☐ No

Abstract ☐ Yes ☐ No

Other: ☐ Yes ☐ No Description: _____

☐ Attendee of Meeting/Conference (attach itinerary)

Meeting Name: _____

Location: _____

Dates of Travel: _____ Return to Work: _____

Total Estimated Cost: \$ _____ Funding Source: _____

Registration: \$ _____ Airfare: \$ _____ Public Transport/Car Rental: \$ _____

Hotel Cost Per Night: \$ _____ Meals (if applicable): \$ _____ Other: \$ _____

Education funds used to date: _____ Education funds remaining: _____

** Expenses over the allowed program amount will be the responsibility of the Attendee/Presenter.*

Approvers	Print	Signature	Approval Date	Denial Date	Need More Info.
Program Director					
Department Chair					
Designated Institutional Official					

- Pre-approval must be received prior to making travel plans.
- After international travel is approved, registration must be completed at **Center for International Studies and Programs (CISP)**: <http://www.utoledo.edu/cisp/webforms/faculty-staff-travel-registry.html>.