

TRAVEL AUTHORIZATION FORM

This two page Travel Authorization Form must be in the Graduate Medical Education office 30-days prior to your conference along with an approved Vacation/Education Leave Form.

TO: **Graduate Medical Education – 1st Floor Academic Center** Date: _____

I would like to request approval for the following trip: **PRINT and complete all blanks**

Name of Meeting _____

Location of Meeting (city & State) _____

Meeting starts _____ at _____ A.M. and ends _____ at _____ AM/PM.

Number of days in attendance _____ Beeper # _____ Program: _____

Employee to attend (ONE TRIP PER FORM): Home Phone # _____

Name: _____ Social Security # _____

Home Mailing Address: _____

City, State & Zip: _____

What are the Benefits to OCF and Employee Traveling? _____

Department Name and Phone # _____

1. I will travel by automobile _____ or by plane _____ and will make my own reservations.

2. I have hotel reservations at _____

Phone # _____ Number of nights: _____ Daily Rate of \$ _____

Note: Only itemized original receipts will be accepted for reimbursement.

Travelers Signature	Date	Chairman/Program Director	Date
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Budgeted _____ Unbudgeted _____ Approved _____ Disapproved _____

Company Code: **5025** Cost Center # _____ G/L Expense # _____

Acct Unit # _____

Donna Guidroz, Director - Graduate Medical Education

Date

TRAVEL AUTHORIZATION FORM

TRAVELER'S NAME: _____

NAME OF MEETING: _____

RESIDENT SECTION: **PRESENTING PAPER:** _____ YES _____ NO
Copy of Invitation required to be attached before GME will approve.

IF REGISTRATION FEE IS REQUIRED, YOU ARE RESPONSIBLE FOR ALL ADVANCE PAYMENTS AND OCHSNER WILL REIMBURSE ALL ALLOWABLE EXPENSE AFTER THE CONFERENCE. YOU WILL NEED TO SUBMIT A COMPLETED AND APPROVED EXPENSE FORM WITH ALL ORIGINAL RECEIPTS WITHIN 5 DAYS OF YOUR RETURN.

PROGRAM DIRECTOR AUTHORIZATION SECTION:

_____ **FUNDED BY THE Departmental Special Resident/Fellow Travel Education Funds.**

_____ **Supplemented through the Departmental Special Resident/Fellow Travel Education Funds with the exception of the allowable cost for paper or poster presentations which are paid by GME.**

_____ **Funded through GME only for paper or poster presentation.**

_____ **Funded through the allocations for Senior Trip, annual Program Directors Trip or the annual Program Coordinator Trip. Please note that the maximum amount allowed here is \$1,500.00.**

NOTE: _____

Date _____

_____ **Program Director/Chairman Signature**

NOTE: There are restrictions for overseas travel and automobile rentals, please call extension X23260 for details before you incur any cost. Do not assume they will be covered.