

GME TRAVEL AUTHORIZATION FORM

(Please submit 30-days prior to travel. Attach conference information for approval. All overseas travel requires prior authorization.)

Date: _____

Name: _____ Program: _____

Phone # _____

Home Mailing Address: _____

City, State & Zip: _____

Name of Meeting: _____

Location of Meeting (city & State) _____

Meeting Dates: _____ Number of days attending: _____

☐ Presenting ☐ Attending Only ☐ Other _____

Hotel (2 nights covered by GME): _____

Hotel Phone #: _____

Number of Nights: _____

Transportation (Circle One): ☐ Plane ☐ Vehicle ☐ Other

Program Manager Section

_____ Funded through GME cost center only for paper or poster presentation. (Up to \$1500)

_____ Funded through the Program Philanthropy Travel & Education Fund.

_____ Supplemented through the Program Philanthropy Travel & Education Fund with
the exception of the allowable cost for paper or poster presentations which are paid by GME.

Company Code: **5025** Cost Center # _____ Activity Fund# _____ Dept.# _____

Traveler Signature _____

_____ Date

Program Director _____

_____ Date

Donna Guidroz, Director - Graduate Medical Education

_____ Date