

## USA COLLEGE OF MEDICINE REQUEST TO TRAVEL

If this travel request includes INTERNATIONAL travel, you must obtain an approval from the Office of International Education PRIOR to submitting this request.

I. Name \_\_\_\_\_ J# \_\_\_\_\_ Title \_\_\_\_\_  
Office address \_\_\_\_\_ Department \_\_\_\_\_

II. I request permission to travel from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ consecutive days.

My travel includes personal days (outside of the business travel). ☐ YES ☐ NO

Personal travel (do not include the actual travel days) from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ days.

☐ In-State

☐ Out-Of-State

☐ Combined

☐ International  
(approval from the Office of International  
Education must be attached)

Conference/Event Name \_\_\_\_\_

Destination City \_\_\_\_\_ Mode of Travel \_\_\_\_\_

III. Total estimated cost (include all prepaid expenses):

Transportation \_\_\_\_\_ Meals \_\_\_\_\_ Other \_\_\_\_\_

(Per-Diem)

Lodging \_\_\_\_\_ Registration \_\_\_\_\_

TOTAL estimated cost: \_\_\_\_\_

IV. Source of funding:

FOAP #1/SAMSF Account \_\_\_\_\_ amount / (%) \_\_\_\_\_

FOAP #2/SAMSF Account \_\_\_\_\_ amount / (%) \_\_\_\_\_

V. Additional comments/notes: \_\_\_\_\_

VI.

Request was prepared by \_\_\_\_\_ Date \_\_\_\_\_

COMBO Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

COM/SAMSF approval \_\_\_\_\_ Date \_\_\_\_\_

Department's Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

COM G&C approval \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_