

Orthopaedic Surgery Program Intent to Travel Form

****PLEASE FILL THIS FORM OUT COMPLETELY.**

Name of Traveler:

Date of Request:

Travel Dates:

Meeting Dates:

Vacation Dates:

Name of Meeting (If Applicable): _____

Location of Meeting (City): _____

Purpose of Travel?

Comments:

(Please include specific details above for presentations such as title, publication citation & activity code if it is a Hofmann funded research project.)

Benefit to UTSW?

Request for Airfare:

(As airfare is not reimbursable, please complete if UTSW is paying for travel.)

Airline:

Frequent Flyer #:

Departure Airport?

Departure Date:

Departure Time:

Departing Flight #:

Arrival Airport?

Return Date:

Return Time:

Returning Flight #:

Traveler Costs:

Are any Expenses paid by Host? If so Check Box and Complete Fields Below: Host Name:

*****You must fill out the name of the vendor for the expense amount listed.***

Airline Cost:

Airline Name: _____

Host Paid Airfare:

Meal Cost

Host Paid Hotel:

Hotel Cost:

Hotel Name:

Host Paid Meal:

Car Rental Cost:

Rental Company:

Host Paid Registration:

Registration Cost:

Paid to:

Host Paid Honorarium:

Ground Transport:

Gas Taxi Other:

Host Paid Other:

Parking Cost:

**Mileage - submit MapQuest with route(s) (\$0.58/mile)*

Total Host Paid Costs:

TOTAL COST:

****NOTE: If the host is paying for any of your expense the agreement detailing what they will be paying needs to be submitted with this request.**

NOTE: If traveling outside of the U.S.A. it is the responsibility of the traveler to check with the appropriate embassy to verify visa and other documentation that may be necessary.:

Comments:

How is this trip being funded?

Resident Travel Allowance

Educational Fund

Grant

Other:

Department Code:

Funding_Account 1:

Funding Amount 1:

Department Code:

Funding_Account 2:

Funding Amount 2:

Department Code:

Funding_Account 2:

Funding Amount 2:

Traveler Signature

Date

Program Director Signature

Date

Division Approval Signature

Date