

Travel Pre-Approval Form

Required For Domestic Travel



FINANCIAL AFFAIRS

The University of Alabama at Birmingham

TRAVELER INFORMATION

NAME		DEPARTMENT	
BLAZERID	EMAIL	PHONE NUMBER	

TRIP INFORMATION

DESTINATION (CITY / STATE)	DEPARTURE DATE mm/dd/yyyy	RETURN DATE mm/dd/yyyy
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BUSINESS PURPOSE EXPLANATION - Why is the trip necessary? How does the trip benefit the University?

BUDGET INFORMATION - only include amounts that will be covered by the University

FUNDING SOURCE	ARE EXPENSES FULLY COVERED BY A CONTRACT OR GRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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	ESTIMATED \$	Comments
CONFERENCE OR EVENT FEE		
AIRFARE		
MILEAGE		
PARKING (AIRPORT AND HOTEL)		
LODGING		
OTHER		
TOTAL		

CAN EVENT BE ATTENDED VIRTUALLY? YES NO

If Yes, why is in-person experience justified?

ADDITIONAL DETAILS THAT THE APPROVER SHOULD BE AWARE OF REGARDING THIS TRIP? PLEASE EXPLAIN.

PLEASE ATTACH ANY DOCUMENTATION THAT MAY BE HELPFUL TO APPROVER (e.g. event invitation, agenda, etc.)

SUPERVISOR CERTIFICATION

I CERTIFY THAT IN-PERSON ATTENDANCE AND THE ASSOCIATED TRAVEL EXPENSE ASSOCIATED WITH THIS TRIP ARE ESSENTIAL TO ADVANCE AND FURTHER MY SCHOOL/DIVISION'S MISSION.

Comments

Mentor's Department or Division Signature Date

Department of Medical Education Signature and Date
(signed after submission of Medical Student Travel Award Form)