

# Resident Travel Request Form

Revised June 2016

Resident Name: \_\_\_\_\_

Personnel Number: \_\_\_\_\_

Program: General Surgery

Name of Conference: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Attending \_\_\_\_ or Presenting \_\_\_\_

If presenting has it been entered into NI \_\_\_\_\_

Account Number to Charge: \_\_\_\_\_

Maximum Reimbursement: \$2,000

(Put none if no UT funds are used and put unlimited if there is no cap)

\_\_\_\_\_  
Coordinator or Program Director Signature

Complete this form, print, sign, and scan to Julie Clyce in the GME Office.