

## Internal Medicine Training Program Travel Request Form

This form is to be completed at least 4 weeks prior to the conference attendance. Please fill out the appropriate information and email this form along with the additional documents to the Medchiefs. If all is filled out appropriately, the chiefs will forward on to Amanda Roberts for travel approval. Be reminded, that the training program will only reimburse your travel for one conference in your 3 years. Even if you are not requesting reimbursement, this form must still be filled out for you to travel to the conference.

**Date Received:** \_\_\_\_\_

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

**Conference Name:** \_\_\_\_\_

**Conference Location:** \_\_\_\_\_

**Date Leaving:** \_\_\_\_\_ **Date Returning:** \_\_\_\_\_

\_\_\_\_\_ Abstract Submitted and Approved by Program Director

\_\_\_\_\_ Abstract Submitted to Meeting

\_\_\_\_\_ Acceptance Notice Received (you must forward a copy of this to [medchiefs@uthsc.edu](mailto:medchiefs@uthsc.edu))

\_\_\_\_\_ Abstract logged into New Innovation (you must forward screenshot to [medchiefs@uthsc.edu](mailto:medchiefs@uthsc.edu))

\_\_\_\_\_ Rotation You are Scheduled: \_\_\_\_\_

\_\_\_\_\_ Name and Dates of Person Covering your Service (if applicable): \_\_\_\_\_

(this person must email the Medchiefs a confirmation stating that they are in fact covering for you)

\_\_\_\_\_ Name and Dates of Person Covering Clinic (if applicable): \_\_\_\_\_

(this person must email the Medchiefs a confirmation stating that they are in fact covering for you)

\_\_\_\_\_ Travel Funding Requested \_\_\_\_yes \_\_\_\_no

\_\_\_\_\_ Do you agree to present this abstract at upcoming DOM UT Research day? \_\_\_\_yes \_\_\_\_no

### Office Use Only

\_\_\_\_\_ Travel Approval by Chief Residents (signature) \_\_\_\_\_

\_\_\_\_\_ Travel Approval by Amanda Roberts

\_\_\_\_\_ Travel Funding Approved