

Please complete this form and forward to your Division Head for initial approval. Division Head approved requests should then be forwarded to the Department of Pediatrics' Finance Unit for processing; via Vera Miller (vera.miller@cw.bc.ca)

Date Submitted: _____

Name: _____

Division: _____

Title: _____

Local Phone: _____

Name of Meeting / Conference: _____

(Please attach a copy of the main page of the meeting announcement or letter of invitation to participate)

Meeting/ Conference Location: _____ Dates: _____

Purpose: (Check which one applies)

a) **Continuing Medical Education** _____ (Department of Pediatrics to attach CME tracking sheet if eligible)

b) **Research/Other** _____

i) **Reason for Travel** _____

ii) **Source of Funding** _____

Who will cover patientd related responsibilities? _____

Additional Comments (optional): _____

MEETING/CONFERENCE EXPENSES	ESTIMATED COST	% OR \$ APPROVED BASED ON (To be completed by approver/s)
TRAVEL / AIRFARE *		
REGISTRATION FEES		
ACCOMMODATION * (____ NIGHTS)		
MEALS		
OTHER		
TOTAL		

This form is for **pre-approval** of faculty, clinical associates, trainees (ie clinical fellow, resident) and staff travel to be funded by divisional or research funds.

Expenses incurred over the supported amounts will not be reimbursed.

Original receipts must be submitted for reimbursement. It is your responsibility to keep a copy of all receipts submitted.

Applicant: _____
(Signature)

Date: _____

Approved: _____
(Division Head)

Date: _____

Approved: _____
Dr. Allison Eddy, Chief of Pediatric Medicine, BCCH

Date: _____

Authorized: _____
Dr. Jana Davidson, Chief Medical Officer, BCCH + SHHCC, BCWH + HC

Date: _____

(*) PHS funded travel requires use of Uniglobe Vision Travel Inc. (604-688-7286) or <http://pod/transport/travel/pages/Default.aspx>. If a more economical option is available, both quotations should be provided and the more economical option selected.