

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; peds.finance@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		
<b>TOTAL</b>		

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. Steven Miller, Chief of Pediatric Medicine,  
BCCH

Date: \_\_\_\_\_

(\*) PHS A 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.