



Resident Travel Request

Request Date: _____

Name: _____ PGY: _____

Conference Name: _____

Conference Dates: Begin: _____ End: _____

Location: _____

Estimated Cost: _____

Costs should include hotel, transportation, [per diem](#), etc.

Funding Breakdown: Resident: _____ Program: _____ Research
Presentation: _____

I approve Resident/Fellow to travel. Additionally, if program funds is selected, they have approval to use funds for the estimated cost. (Must be signed to approve travel even if resident or program funds are used)

Signature of Program Director

Date

**May send email stating resident/fellow is approved to travel and use program funds (if applicable) instead of completing form.*