



**Department of Pathology and Cell Biology  
Pre-Travel Authorization Form**

Please submit all brochures, registration forms, and title of abstract or poster along with your leave request.  
Prior approval of all trips is required for reimbursement, 30 days preferred.

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION: \_\_\_\_\_

TRAVEL DATES: \_\_\_\_\_

**ESTIMATED EXPENSE**

REGISTRATION FEE: \$ \_\_\_\_\_

AIRFARE: \$ \_\_\_\_\_

HOTEL EXPENSE: \$200 Max per day: X (# of days) \$ \_\_\_\_\_

MEALS PER DIEM: \$36.00 Max: X (# of days) \$ \_\_\_\_\_

OTHER & MISC: Please specify: \_\_\_\_\_ \$ \_\_\_\_\_

***TOTAL ESTIMATED EXPENSES:*** \$ \_\_\_\_\_

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Santo V. Nicosia, M.D.

**PLEASE CHECK ONE:**

DEVELOPMENT FUND:  \_\_\_\_\_

PI GRANT/RO:  \_\_\_\_\_

**Return completed form and requested information to Sylvia Beacham, MDC 11**