

**Internal Medicine Training Program
Travel Request Form**

Resident Check List **Resident Name:** _____

_____ **Abstract Submitted to Program Director**

_____ **Abstract Submission Approved by Program Director**

_____ **Abstract Submitted to Meeting**

_____ **Acceptance Notice Received**

_____ **Program Coordinator Travel and/or Support Request Submitted**

Email: kconlee@utm.edu the following information.

_____ Full Name _____

_____ Name of Meeting _____

_____ Purpose of Meeting _____

_____ Dates of Travel _____

_____ Travel & Support Request _____

_____ Travel Request Only _____

_____ **Travel Approval**

_____ **Support Approval**

_____ **Chief Resident Notification Submitted**

Email: medchiefs@utm.edu the following information and complete this form.

_____ Dates of Travel Date Leaving: _____ Date Returning: _____

_____ Service Coverage Arranged Name: _____

_____ Clinic Coverage Arranged Name: _____

_____ Backup Coverage Arranged Name: _____

_____ **Submit Form and Copy of Acceptance Notice to Program Coordinator**

Meeting Date: _____ **Date Submitted:** _____

(THIS FORM MUST BE SUBMITTED 4 WEEK BEFORE TRAVEL) 3/1/08