

DIVISION OF NEPHROLOGY  
**BUSINESS TRAVEL REQUEST FORM**

Date of Request: \_\_\_\_\_

Requesting Traveler: \_\_\_\_\_

Dates of Travel (inclusive of departure and return dates): \_\_\_\_\_ to \_\_\_\_\_

Cities Being Traveled to: \_\_\_\_\_

Reason(s) for Travel: \_\_\_\_\_

If attending an in-person conference, are any non-grant funds being used? Y/N \_\_\_\_\_

If so, has the UAB travel form been submitted/approved to swiley@uab.edu (faculty only) or  
Lyn Hambright (all other personnel/trainees)? Y/N \_\_\_\_\_

Source of Funds:

To Be Paid from a UAB Account Number: \_\_\_\_\_

If using **Faculty Development Funds**, please list a secondary UAB account to  
cover any remaining funds, in case travel reimbursement exceeds balance  
(if clinical faculty, please submit the HSF travel req, as well as division and UAB pre-approval form)

To Be Paid from HSF Account Number: \_\_\_\_\_

To Be Paid Directly to the Traveler  
by a non-UAB Agency: \_\_\_\_\_

Estimated Costs:

Registration Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Hotel & Meals: \_\_\_\_\_

Signature of Requesting Traveler: \_\_\_\_\_

Signature of Requesting Traveler's Supervisor: \_\_\_\_\_

Verification of \$ \_\_\_\_\_

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

**Note: Reimbursement for expenses must be completed within 60 days of the travel date.**

\_\_\_\_\_  
Traveler's initials

**\*\*For information on UAB travel policies, please visit <https://www.uab.edu/financialaffairs/traveling>**