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 through Adobe Sign to swiley@uab.edu? ______

Source of Funds: To Be Paid from a UAB Account Number: __________

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

Revised 3/14/07