

DEPARTMENT OF FAMILY MEDICINE Learners Conference/Workshop Funding Request Form

[Please on this link here for the Policy](#)

Section 1

REQUESTED BY

PROGRAM

Name: _____

Date: _____

Email: _____

YEAR

- PGY 1
 PGY 2
 Enhanced Skills
 MPAS Year 2

Section 2

CONFERENCE/WORKSHOP INFORMATION

ROLE

Events Dates :

Rotation you will be on during this time:

Purpose of leave:

- Attendee
 Invited Speaker
 Presenter
 Other

- Conference
 Workshop

If you are a speaker or presenter, indicate the title of your presentation:

If you are attending a conference, course, or workshop, indicate the the title and location of the event:

Section 3 (complete only if funding is requested)

FUNDING

| Item | Estimated Expenses | Description of Allowable Expenses |
|-----------------------|--------------------|--|
| Registration fee | \$ | Registration Fee |
| Airfare or mileage | \$ | Economy return fare; boarding passes MUST be submitted even if airfare not reimbursed; mileage may be no more than economy airfare |
| Ground transportation | \$ | One return trip from the airport |
| Accommodations | \$ | Hotel or official Bed & Breakfast |
| Meals / per diem | \$ | At university rate; no alcohol will be reimbursed |
| Other (specify) | \$ | |

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CHECKLIST

1. Complete sections 1 and 2.
2. Complete section 3 if funding is requested.
3. Ensure you have confirmed and dated the form: I confirm the above information is correct & submitted to the best of my knowledge
4. Submit the form to your Program Administrator
5. The Program Administrator will follow up on the administrative section of the form.

IMPORTANT: You must submit the completed and signed form at least **4 weeks (28 days)** in advance.

FOR ADMINISTRATIVE USE ONLY

Date Received - to be confirmed by the Program Administrator: _____

Education Director / MPAS Program Director:

- Approved
 Denied

[Program Administrator Submit to Financial & Administrative Assistant](#)
[Click Here to Submit](#)

Funding - for follow-up / completed by Financial & Administrative Assistant Approved

Amount:

Financial & Administrative Assistant Approval's Initials:

Date: