

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
TRAVEL REQUEST

In Compliance with Mississippi CODE of 1972 25-3-41 as amended

In-House

TR

DATE

FROM: Orthopedic Surgery & Rehabilitation

DEPARTMENT NAME

PLEASE NOTE TRAVEL POLICY
ON REVERSE SIDE

REQUEST TRAVEL PERMISSION FOR:

EMPLOYEE NUMBER

NAME

TITLE OF POSITION

Orthopedic Resident / Fellow

MEETING OR CONVENTION NAME (DO NOT ABBREVIATE)

PURPOSE OF TRAVEL

MODE OF TRANSPORTATION:

POINTS OF TRAVEL - FROM:

TO:

☐

CHECK HERE IF TRAVEL IS TO A FOREIGN LOCATION (INCLUDING HAWAII) AND SUBMIT TO THE VICE CHANCELLOR'S OFFICE AT LEAST 60 DAYS BEFORE DEPARTURE.

TRAVEL DATES- DEPARTURE:

Mo. DAY YR.

MEETING DATES - BEGINNING:

Mo. DAY YR.

RETURN:

Mo. DAY YR.

ENDING

Mo. DAY YR.

ESTIMATED COST

SUBSISTENCE (HOTEL & MEAL ONLY)

\$

TUITION

OTHER (TAXI, PARKING, CAR RENTAL)

TRAVEL (PRIVATE AUTOMOBILE & AIR)

ESTIMATED TOTAL COST

\$ - 0 -

SOURCES OF FUNDS

UMC CHARGE CODE(S)

n/a

IF NO COST TO UMC,

IDENTIFY OTHER SOURCE

Development Funds

601 984 5153

SIGNATURE OF TRAVELER

TELEPHONE
EXTENSION

TRAVEL ADVANCE

DATE NEEDED

(SHOULD BE 3 DAYS BEFORE DEPARTURE)

AMOUNT

TRAVEL ADVANCED FOR

EXPENSES PAID BEFORE

DEPARTURE

(REGISTRATION, TUITION, HOTEL DEPOSITS)

DATE NEEDED

(REQUEST WHEN PAID)

AMOUNT

**ACCOUNTING
USE ONLY**

CHECK DATE

AMOUNT

CHECK NO.

CHECK DATE

AMOUNT

CHECK NO.

APPROVAL

I certify that the travel expenditures
specified in this request are essential
to the objectives of the program

KEYPUNCH DATA

DEPARTMENT

OBJECT

AMOUNT

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GRANT INVESTIGATOR AND/OR DEPARTMENT HEAD

DEAN OR HOSPITAL DIRECTOR

DEPARTMENT

OBJECT

AMOUNT

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ASSOCIATE VICE CHANCELLOR FOR FINANCIAL AFFAIRS

DEPARTMENT

OBJECT

AMOUNT

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FUNDS AVAILABLE/COMPTROLLER

REVISED JUNE 1996