



CTS Predoc Travel Communication
Center for Clinical and Translational Science (CCaTS)

Instructions: This form must be completed and submitted to the CCaTS Predoc Education Specialist at least **8 weeks** prior to trip/conference/course. This information will be reviewed at the CCaTS Predoc Executive Committee meeting. Upon approval a trip card will be requested by CCaTS Administrative Assistant and you will receive a travel voucher number which you may use to schedule flights, book hotel accommodations, etc. You are responsible for completing your expense report through Concur within **14 days** of your return. If you require assistance with this you may contact the CCaTS Administrative Assistant.

Name <i>(First, Middle, Last)</i>	Today's Date <i>(Month DD, YYYY)</i>
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Event Information

Conference or Course Name <i>(include website if applicable)</i>	Registration Fees/Tuition
Location	
Conference Dates <i>(Month DD, YYYY)</i>	Attendance Dates <i>(Month DD, YYYY)</i>
Departure Date <i>(Month DD, YYYY)</i>	Return Date <i>(Month DD, YYYY)</i>
Transportation Mode <input type="checkbox"/> Plane <input type="checkbox"/> Car (driver) <input type="checkbox"/> Car (passenger) <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Other _____	
Car Rental Needed <input type="checkbox"/> No <input type="checkbox"/> Yes Number of days _____ <i>(include rationale)</i> _____	
Hotel Number of Nights _____	
Total Anticipated Expenses <i>(food, housing, registration fees, transportation)</i> _____	
Funding Source(s) _____	
PAU _____ Company _____ Activity _____ <i>(if more than one funding source please indicate % breakdown)</i>	
Check One	
<input type="checkbox"/> Poster Presentation <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Attendee only <input type="checkbox"/> Other _____	
Title of Poster or Presentation	
Rationale for Attendance	
Date Received <i>(Month DD, YYYY)</i> <i>(to be completed by CCaTS office recipient)</i>	
Mentor Signature	Date <i>(Month DD, YYYY)</i>