

McLaren Print System Order

Order No: 5975
Order Date: 2014-09-22
User: Denise Turner
Phone: 810 342-1711

Ship Location: Denise Turner
1314 S. Linden Rd., Suite C
Flint, MI 48532

Forms
Quantity: 100
Paragon Dept No: 63550
Dept Name: McLaren-Flint Community Medical Center
Company Number: 810

Order Total Price: 0.00

Form Number: M-142
Form Description: Travel / Conference Request
Revision Date: 9/2013
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None



TRAVEL/CONFERENCE REQUEST

Date of Submitted Request: _____

TO:

FROM:

SUBJECT: REQUEST FOR PERMISSION TO ATTEND THE FOLLOWING CONFERENCE

1. Name of Conference _____
2. Date of Travel _____
3. Place _____
4. Name and Department of Person(s) to attend _____

5. Purpose and anticipated benefit to McLaren _____

6. Estimated Cost -

All Travel Arrangements, including air and ground transportation and hotel accommodations, must be made through Conlin Travel. Employees making their own arrangements or using other agencies will not be reimbursed. Please consult the McLaren Travel Policy for more details.

Transportation _____
Registration _____
Hotel _____
Meals _____
Miscellaneous _____
TOTAL _____

7. Are any of the costs being paid by an outside organization? _____
8. Remarks _____

APPROVED BY: _____ DATE: _____

(Department Director to Approve Staff)
(Unit President to Approve Department Director)
(Corporate CEO to Approve Corporate Executives)

Upon approval this form should be sent to Accounting at least 14 days prior to conference.