

**McLaren Print System Order**

**Order No: 7143**  
**Order Date: 2014-11-14**  
**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**

**Item Number: M-142**  
**Item 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**  
**Misc Info: Select the paper type your department needs, 3, 4 or 5 Part**



**McLaren**  
HEALTH CARE  
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)  
(Area President to Approve: Department Director)  
(Corporate CEO to Approve: Corporate Executive)

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