

McLaren Print System Order

Order No: 9571
Order Date: 2015-03-04
User: Lisa Semeyn
Phone: 810 342 5606

Ship Location: Lisa Semeyn
G3230 Beecher Rd., Ste. #1
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 94036
Dept Name: McLaren Family Medicine Residency
Company Number: 60

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: None
Drill: None
Misc Info: Please SELECT the paper stock. This form is printed on either 3 part, 4 part or 5 part.



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 Executives)

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