

McLaren Print System Order

Order No: 41938 Reprint Previous Order No: 5945
Order Date: 2019-01-15
User: nancy lis
Phone: 586-294-5210

Ship Location: McLaren Lakeshore Medical Center
33720 Harper Avenue
Clinton Twp, MI 48035

Forms

Quantity: 100
Paragon Dept No: 72650
Dept Name: McLaren Lakeshore Medical Center
Company Number: 810

Order Total Price: 0.00

Item Number: M-142-1 Part
Item Description: Travel / Conference Request
Revision Date: 2/2016
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info:



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)
(Office 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.