



HEALTH CARE

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. 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 _____

6. Remarks _____

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



APPROVED BY: _____ DATE: _____

(Department Director to Approve Staff)
(Vice President to Approve Department Director)

3 PART FORM
WHITE -
YELLOW -
PINK -