



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)  
 (Vice 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.**