

McLaren Print System Order

Order No: 85606
Order Date: 2024-05-20
User: Kerry Zaske
Phone: 989-362-9551

Ship Location: McLaren Tawas Internal Medicine/ Attn. Kerry Zaske
312 W. M55
Tawas City, MI 48763

Forms

Quantity: 100
Paragon Dept No: 69490
Dept Name: McLaren Tawas Internal Medicine
Company Number: 810

Order Total Price: 18.95

Item Number: M-142
Item Description: Travel / Conference Request (3 PART FORM)
Revision Date: 7/2012
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Poster:
Misc Info:



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 Conline 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: _____

Spec Info: 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)
 (Site President to Approve Department Director)

SHARP FORM 50001 - 10/2013
 PMS - 4/2013