



This form must be signed by both the applicant and the applicant's Program Director.

APPLICATION FOR MEETING ATTENDANCE

Non-Physician Personnel (Approval for Travel)

Employee Number: _____

Employee Last Name: _____ First Name: _____

Phone Number: _____ Email Address: _____

Department: _____ Mail Code: _____

Accounting Unit *12-digit cost center* _____

Activity *(if applicable)* _____

Date of Application _____

Name of Organization _____

Location of Meeting _____

Meeting Dates:

--	--

 to

--	--

Format mm/dd/yyyy Day of week

Actual Dates Away:

--	--

 to

--	--

Format mm/dd/yyyy Day of week

Is this meeting conjoined with any other meeting application? _____
Yes or No

Number of meeting days to be used on this trip _____

Amount of registration \$ _____

Expenses will be paid by:

CCF _____

Inviting Organization _____

No Expense _____

Purpose for attendance (Please provide business purpose)

Official Business _____

Knowledge/Skill related to job _____

SIGNATURE	Employee #	Phone #	Date
Applicants Signature	_____	_____	_____
Program Director	_____	_____	_____
Department Manager or DME (or designee) Must be someone authorized to sign for charge to account			
_____	_____	_____	_____
\$50,000 Director/ Institute Vice-Chairman/ Institute Administrator/ REGIONAL Vice President/ REGIONAL Chief Operating Officer			
_____	_____	_____	_____
\$100,000 Institute Chairman/ Hospital President/ Executive Director/ REGIONAL Chief Financial Officer			
_____	_____	_____	_____
\$200,000 Chief Accounting Officer/ REGIONAL Chief Executive Officer			
_____	_____	_____	_____
\$200,000 + Corporate Chief Executive Officer/ Chief Financial Officer/ Chief Operating Officer			

