

MD-PhD Training Program
Request for Travel Funds

APPROVED: Yes No

Name: _____

Classification: _____

UF ID: _____

Conference or Event: _____

Date(s): _____

Location: _____

Purpose of Travel: Presenting Abstract Giving Talk/Lecture:

Other (please describe): _____

Benefit to MD-PhD Training Program: _____

List meetings previously attended during current academic year (include dates):

1. _____

2. _____

3. _____

Travel Award: Yes No

Estimated Expense: \$ _____

Travel Amount Approved: \$500 Other Amount: \$ _____

Signature: _____ Date: _____

(Director/Co-Director)