HEAD AND NECK SURGERY
RESIDENT TRAVEL REQUEST FORM

Approval required 6 weeks prior to meeting. If a travel request is not submitted before 6 weeks, then a one-time waiver is granted. However, if any repeat delays in travel request submission occur, then the resident will not be eligible for reimbursement.

NAME: _______________________________ REQUEST DATE: _____________________________

TRAVEL START DATE: ________________ TRAVEL END DATE: __________________________

NUMBER OF WORKING DAYS FOR TRAVEL: ___________________________________________

DESTINATION: ______________________________________________________________________

PURPOSE OF TRIP: ___________________________________________________________________

Copy of Abstract and Acceptance Letter must accompany this request.

PLANNED TRAVEL EXPENSES

ROUND TRIP AIRFARE COST: $ _________________________________________________
(Airline tickets must be purchased 21 days in advance)

REGISTRATION FEE: $ _________________________________________________
(You may be reimbursed by submitting a copy of your registration form and original check, copy of bank statement, or credit card statement. The registration fee may also be paid in advance of travel by the department, if requested in time. Please note that there is a 3-4 week lag between your registration payment request and the check being mailed out.)

LODGING: $ _________________________________________________
(Hotel room charges will be reimbursed at a rate not to exceed the discount conference rate for the least expensive room. Expenses exceeding the discount conference rate are the responsibility of the traveler. The maximum hotel reimbursement is only 2 nights, $250 per night including all taxes. You must have original receipt showing a zero “0” balance from the hotel and a copy of your credit card statement where the charge appeared)

MEALS: $ _________________________________________________
(Daily meal reimbursement maximum is $62/day including tax/tip. All alcoholic purchases are non-reimbursable.)

TOTAL PLANNED EXPENSES REQUESTED FOR REIMBURSEMENT _______________________

In order for reimbursement to be processed, all itemized receipts must be turned in within 21 days of completion of the trip or may be imputed as taxable income, as well as a manuscript ready for submission to a peer-reviewed journal.

APPROVAL SIGNATURE___________________________________ DATE___________________

Department of Head and Neck Surgery

Form updated 11/7/17
Residents will be reimbursed for travel expenses according to the following policies:

1. Resident must give an oral presentation of a paper at an approved regional or national scientific meeting. The paper must be completed PRIOR to the meeting.

2. **Travel requests must be submitted to Dr. Wang at least six (6) weeks in advance of travel date.** Requests should include copy of acceptance letter, copy of abstract, and travel request form, which includes a budget. There will be NO post facto approvals or reimbursement.

3. **Poster presentations** will be reimbursed on an individual basis. Residents should always inquire and obtain approval in advance before submitting a poster presentation.

4. **Airline tickets** should be purchased at least 21 days in advance to obtain the lowest coach fare. Procrastination and purchase of a high-priced last minute fare is not acceptable. Such tickets will not be reimbursed.

5. **Hotel room charges** will be reimbursed at a rate not to exceed the discount conference rate for the least expensive room. Expenses exceeding the discount conference rate are the responsibility of the traveler. The maximum hotel reimbursement is $250 per night (including all taxes).
   a. Hotel rooms should be shared with another resident attending the meeting, if possible. Sharing a room with a spouse or significant other could result in reimbursement of only half of the hotel charge.

6. **Length of Stay:** Residents may stay one day prior and one day after their oral presentation, for a total of 3 days and 2 nights of reimbursed expenses. Expenses involving stays at the meeting beyond 3 days are the resident’s responsibility.

7. **Reimbursement Documentation:** Original receipts, including a copy of the final hotel bill showing 0 balance, a completed manuscript which is ready for submission to a peer-reviewed journal, and a copy of the Travel Request form signed and dated by Dr. Wang, are required for reimbursement. Failure to submit proper documentation will result in denial of reimbursement.

8. Arrangements must be made for call coverage at each hospital. If coverage is not adequate, travel request will be denied. Weekdays used for meetings/travel will be counted as VACATION days off.

9. Any questions about this policy should be referred to the Budget Committee, which will give final approval for all travel reimbursement requests.

10. **All requests for reimbursement must be submitted within 30 days after the completion of the trip.**