

Name _____ Banner ID _____

(as it appears on your travel identification for booking purposes)

Primary Department: _____ Email address: _____

Best phone number: _____ Date of birth: _____

Purpose of travel (check one): Conference Workshop Other: _____

Name of event for which travel is requested: _____

Will you be presenting at this event? (check one): Yes No

Location of event: _____ Dates of event: _____

Dates of travel requested: _____

Cost of support requested. Provide realistic prices based on current airfare, conference hotels, and conference fees.

Please note that if the reimbursement amount exceeds the approved amount, you may not be reimbursed for the difference.

- Air/Mileage* \$ _____
- Lodging (up to 2 nights max, unless justification is attached) \$ _____
- Conference/registration fees \$ _____
- **TOTAL REQUESTED** \$ _____

***ANY UNAPPROVED FLIGHT CHANGES MAY BE SUBJECT TO REJECTION OR DENIAL.**

Please explain how your presence/participation in this event will further the mission of the RWJF Center for Health Policy (attach separate sheet if necessary):

Please explain how your presence/participation in this event will benefit the University?

What is the product(s) you will return to the Center after the event (copy of paper/poster/presentation, etc.)? Please note, you must also return a copy the event agenda/program.

Due to budgetary constraints, in order to receive the most cost effective price all travel requests must be submitted 30 days in advance.

Signature of Applicant: _____ Date _____

Signature of Chair/Director _____ Date _____

Signature of RWJF Director _____ Date _____

Center use only: Prices checked _____ Approval email sent _____ Index _____