



Graduate Medical Education
Travel Authorization Request and
Reimbursement Form

- A. This form must be completed PRIOR to resident travel.
B. This form must be signed by the traveler and appropriate program personnel.
C. This form must be submitted to the GME office for final approval.
D. Complete the "Yellow" up the traveler's return once "actuals" are available.

TA # :

Date:	Traveler:	Role: -	PGY: -
Prepared By:	Program:	MC:	

*****TRIP SUMMARY*****

From Location	To Location	From Date	To Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Purpose of Travel:

*****FLIGHT/DEPARTURE INFO*****

Date	Time	Flight Number	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does this trip include vacation time?	-	Vacation Dates:
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 Trip Type: ☐ Attend ☐ Present ☐ Program Requirement ☐ Faculty

*****REQUESTED AMOUNTS & REIMBURSEMENT SECTION*****

	Pre-trip Request Amount	TA Travel Actual Amount	Fund	Org	Account
Hotel Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	72529
Airfare/ Rail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	72529
Mileage	\$ 0.00	\$0.00	<input type="text"/>	<input type="text"/>	72530
Registration	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	72525
Meals Per Diem	\$ 0.00	\$0.00	<input type="text"/>	<input type="text"/>	72529
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	72529
Total	\$ 0.00	\$0.00	Other Trip Notes		
Previously Reimbursed (enter as negative)	<input type="text"/>	<input type="text"/>			
Reimbursement for CAHC check request	<input type="text"/>	\$0.00			

*****CALCULATIONS*****

Mileage (req and actual)	hotel (actual)	per diem (actual)
# of miles	hotel days	meal days
mileage rate 0.760	rate	per diem \$42.00
mileage reimb \$0.00	reimb \$0.00	meal reimb \$0.00

 Attending amount: Presenting amount: ERA amount:

*****PRE-TRIP APPROVALS*****

POST-TRIP REIMBURSEMENT APPROVALS

TRAVELER	PD	PC
PC	GME OFFICE	GME OFFICE