

If you are requesting for travel to be funded by the Office of Women in Medicine and Science (WIMS), this form must be completed and submitted to WIMS for approval prior to requesting a Travel Authorization (TA) from HWCOM Finance. Please submit the request via e-mail to **wims@fiu.edu**.

Last Name		
Panther ID	Employee:	
Name of Event	Event Location	
End date:	Link/URL to Event Website:	
dates and a brief description of what you took away and how you applied it toward your contribution at FIU HWCOM and/or your professional development.		
	Panther ID Name of Event End date: If yes, provide the dates and a brief description of what you took away and how you applied it toward your contribution at FIU HWCOM and/or your professional	Panther ID     Employee:       Name of Event     Event Location       End date:     Link/URL to Event Website:       If yes, provide the dates and a brief description of what you took away and how you applied it toward your contribution at FIU HWCOM and/or your professional

Estimated Cost: (Excluding airfare) Purpose of Travel

**NOTE:** Due to our limited funds, WIMS will only be able to assist with the partial funding. The requestor is responsible for securing the remaining funds. If there is a presentation or poster included for the travel request, WIMS will not fund any poster and/or supplemental material. The confirmation of abstract and /or poster acceptance must be attached along with the WIMS Travel Conference Request Form.

Briefly state what you expect to learn from this conference that will enhance your contribution to FIU HWCOM curriculum, curricular administration, and/or personal professional development. We are particularly interested in any links you can make between this year's conference agenda items and your expectations. Specify the sessions that you will commit to attend and be prepared to report on to WIMS upon your return.

Provide your explanation:

## WIMS use only

Date submitted	Iravel approved
	Yes
	No

If yes, please submit a travel request form along with this form to comfin@fiu.edu. If request denied, see below.

Denial explanation:

Approved or denied by:

Activity Number:

Approver's Signature:

Date Approved: