FIU | Herbert Wertheim College of Medicine   Office of Medical Education

Travel Request Form

If you are requesting for travel to be funded by the Office of Medical Education (OME), this form must be completed and submitted to OME for approval prior to requesting a Travel Authorization (TA) from HWCOM Finance. Please submit the request via e-mail to Vivian Obeso at vobeso@fiu.edu or Janelle Fernandez at jamafern@fiu.edu.

Date of Request:

Traveler's Information:

First Name   Last name

E-mail address: Panther ID   Employee Type:
(Please select from the drop-down menu.)

Event Information:

Type of Event: Name of Event: Event Location:
(Please select from the drop-down menu.)

Event Dates

Start   End   Link/URL to Event Website:

Have you attended this event before?   Yes   If yes, provide the dates and a brief description of what you took away and how you applied it toward enhancing your contribution to FIU HCOM, and/or your professional development.
                                          No

Purpose of Travel: Estimated cost:
(*Please select from the drop-down menu.*)

NOTE: Please attach the *Abstract and/or the Acceptance form/letter along with the completed* **OME - Travel/Conference Request Form**.
The Office of Medical Education (OME) will consider funding up to one author per poster, one author per oral presentation, and up to two authors/presenters per workshop.

Briefly state what you expect to take away 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 within your department and/or to OME upon your return. Provide your explanation in the box below:

OME USE ONLY

Travel Approved   Yes   If yes, please submit to the Travel Specialist a request to travel along with the approved OME Travel Request Form and the HWCOM's Travel Request Form to comfin@fiu.edu.

                         No   If no, see the reason for denial below.

Denial Explanation:

Approved or Denied By: Activity Number:

Approver's Signature:

                                                                   Date of Approval: