

## Resident Travel Expense Application Form

<b>Date of Request</b>	
<b>Name of Resident</b>	<b>U of A ID Number</b>
<b>Campus Address</b> (To send confirmation)	
<b>Event</b>	
<b>Location</b>	
<b>Date of Event</b>	
<b>Purpose for Attendance</b>	

Please provide an estimated cost in each applicable category below.

<b>Registration Fees</b>	
<b>Transportation</b> (Ground/Air)	
<b>Accommodations</b>	
<b>Meals</b> (Alcohol will not be reimbursed)	
<b>Other</b>	
<b>Total Estimate</b> (in CDN funds only)	

Distribution of Costs

	Amount	Speedcode
<b>Department of Surgery</b>	\$1,000.00	53117
<b>Division*</b>		
<b>Resident</b>		
<b>Total Cost**</b>		

Resident Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved by  
Divisional Director Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Received in Surgery Finance office

Date \_\_\_\_\_

\*Division approval expenditure: Please provide speedcode.

\*\*Total cost amount should agree with total estimated cost above.