

NAUF PROPOSED EXPENSES FOR TRAVEL

*You are required to submit a budget to the NAUF President **6 weeks prior to your travel, with the estimated cost that will be incurred during the time.** The NAUF President must approve your request for travel assistance, **prior to travel** and a copy must be on file in the Program Office.*

NOTE: IF YOU ARE TRAVELING TO PRESENT RESEARCH ADDITIONAL PAPERWORK IS REQUIRED INCLUDING A COPY OF THE ABSTRACT.

Attached Documentation Full Abstract Poster Presentation Oral Presentation

Name of Resident: _____ Date of Requisition: _____

Event Attending: _____

Purpose of Attending: _____

Location: _____

Dates: _____

Please estimate the cost for each category and list all costs in Canadian funds only.

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

Distribution of Costs	Amount
NAUF	\$1,000.00
Division	
Resident/Other	
Total Cost	

Resident Signature: _____ Date: _____

NAUF President Signature: _____ Date: _____

Approved

Denied

Please provide a copy of this form (and all attachments) to the Program Office on approval from NAUF:

Urology Residency Training Program
 Alberta Urology Institute Inc.,
 Suite 400 Hys Centre, 11010-101 Street
 Edmonton, AB T5H 4B9
 Phone: (780) 441-2579 Fax: (780) 990-7092