

Department of Pediatrics

Educational/ Academic Travel Pre-authorization Form For Out of Province Travel

initial approval. forwarded to t	e this form and forward to Division Head approved re the Department of Pediate Sang Kwon (sanghyuk.kwo	quests should then be rics' Finance Unit for	Date Submitted: _	
Name: _			Division:	
Title: _			Local Phone:	
Name of Mee	ting / Conference:			
(Please attach	a copy of the main page	of the meeting annou	ncement or letter of inv	ritation to participate)
Meeting/ Cor	nference Location:		Dates:	
a) Conti b) Resea				
ii	Source of Funding _			
Who will cov	er patient-related resp	onsibilities?		
Additional Co	omments (optional):			
MEETING/CONFERENCE EXPENSES		ESTIMATED COST	, , ,	roved Based on ted by approver/s)
TRAVEL / AIRI	FARE *		` '	, , ,
REGISTRATION	I FEES			
Ассомморат	rion * (Nights)			
MEALS				
OTHER				
TOTAL				
	r pre-approval of faculty, ional or research funds.	clinical associates, train	nees (ie clinical fellow, re	sident) and staff travel to b
	rred over the supported at must be submitted for rei			py of all receipts submitted.
Applicant:	(Signature)		Date:	
Approved:	 (Division Head)		Date:	
Approved:	Date: Dr. Allison Eddy, Chief of Pediatric Medicine, BCCH			
Authorized:			Date:	
	Ms. Leslie Arnold, VP Dr. Jan Christilaw, VP	Ms. Leslie Arnold, VP, PHSA (BCCH); or Dr. Jan Christilaw, VP, PHSA (For Neonatology Only)		

(*) PHSA funded travel requires use of Uniglobe Vision Travel Inc. (604-688-7286) or http://pod/transport/travel/pages/Default.aspx. If a more economical option is available, both quotations should be provided and the more economical option selected.