

Grants and Contracts, Research Administration

Research Pre-Approval Travel Form

submit to: GCResearch@HHCHHealth.org

Today's Date: _____

Employee Name: _____

Department Name: _____

Grant ID to be Charged: _____

Travel Dates: FROM: _____ TO: _____

Destination: _____

Purpose: _____

Seminar Fee/Registration:	\$ _____
Transportation:	
Primary (Air, Rail, Auto Rent)	\$ _____
Secondary (Cab, Bus)	\$ _____
Auto (mileage, parking, tolls)	\$ _____
Lodging:	\$ _____
Meals:	\$ _____
Estimated Trip Total:	

Please attach proper back up materials to support this request.
Conference registration materials, agendas, preliminary flight/hotel info, etc.

PI Approval: _____

Date: _____

Grants & Contracts Mgr _____

Date: _____

Senior Director of Research _____

Date: _____