

**General Guidelines for Travel**  
**College of Medicine at Urbana-Champaign**  
**2017**

Presentations at national or regional meetings of professional organizations are encouraged. However, you should ensure that you have access to travel funds BEFORE submission of abstracts.

Attendance by faculty at research society meetings is supported via grant or other departmental funds.

Attendance by faculty or support staff at discipline educational society conferences is encouraged. Funds for travel must come from approved annual budget.

Attendance by faculty and academic staff at regional and national professional meetings is supported. (Attendance at professional organization meetings is generally limited to one per year) Funds for travel must come from approved annual budget.

**Pre-Travel Approval by the appropriate department head/supervisor is required.**

**Travelers:**

Traveler should provide information of coverage put in place while away.

Signed forms should accompany travel payment/reimbursement forms and receipts in the UI Travel and Expense Management (TEM) system for college approval.

See additional information regarding Business Travel at the following site: <https://www.obfs.uillinois.edu/travel/>. This site provides additional links regarding university policies and procedures regarding hotels, passenger vehicles, and contracted car rental agencies, along with other travel related items to assist you with university business travel policies.

**Approvers:**

NOTE: CFOPs to be charged for the travel expense need to be verified.

Assure that travel does not interfere with business of the college, (i.e. teaching, etc.).

**Request for Pre-Approval of Travel**  
**College of Medicine at Urbana-Champaign**

Date of Request: \_\_\_\_\_

Traveler's Name: \_\_\_\_\_

Traveler's Department: \_\_\_\_\_

Dates of Travel: Departure/Return: \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_  
(Registration fee, transportation, lodging, per diem, parking, etc.)

**Purpose of Trip (check all that apply) and Provide a Description of the Benefit to the College**

- Present paper/session/seminar at: \_\_\_\_\_
- Attend Professional Meeting of: \_\_\_\_\_
- Collaborate with Colleagues at: \_\_\_\_\_
- Consulting at: \_\_\_\_\_
- Other (explain): \_\_\_\_\_

**Source of Funding\***

- CFOP number(s): \_\_\_\_\_

Traveler's Signature: \_\_\_\_\_

**Approval by:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**For Faculty:**

Name \_\_\_\_\_

Title Department Head/Dean

Date \_\_\_\_\_

**\*CFOP MUST be approved by College of Medicine Business Office.**