

McLaren Print System Order

Order No: 6695
Order Date: 2014-10-23
User: Melissa Hayes
Phone: 989-779-5624

Ship Location: Pickard Clinic
4639 E. Pickard St., Suite A
Mt. Pleasant, MI 48858

Forms

Quantity: 100
Paragon Dept No: 81090350566420
Dept Name: Pickard Clinic
Company Number: 810

Order Total Price: 0.00

Item Number: M-142
Item Description: Travel / Conference Request
Revision Date:
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:



HEALTH CARE
TRAVEL/CONFERENCE REQUEST

Date of Submitted Request: _____

TO:

FROM:

SUBJECT: REQUEST FOR PERMISSION TO ATTEND THE FOLLOWING CONFERENCE

1. Name of Conference _____
2. Date of Travel _____
3. Place _____
4. Name and Department of Person(s) to attend _____

5. Purpose and anticipated benefit to McLaren _____

6. Estimated Cost: -

All Travel Arrangements, including air and ground transportation and hotel accommodations, must be made through Conlin Travel. Employees making their own arrangements or using other agencies will not be reimbursed. Please consult the McLaren Travel Policy for more details.

Transportation _____
Registration _____
Hotel _____
Meals _____
Miscellaneous _____
TOTAL _____

7. Are any of the costs being paid by an outside organization? _____

8. Remarks _____

APPROVED BY: _____ DATE: _____

(Department Director to Approve Staff)
(Area President to Approve Department Director)
(Corporate CEO to Approve Corporate Executives)

Upon approval this form should be sent to Accounting at least 14 days prior to conference.