

McLaren Print System Order

Order No: 9212
Order Date: 2015-02-20
User: Monica Allinger
Phone: 810-342-5620

Ship Location: McLaren Family Medicine Behavioral Department - Medical education building
G3230 Beecher Road Ste. 1
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 94036
Dept Name: McLaren family medicine Behavioral Department
Company Number: 60

Order Total Price: 32.45

Item Number: M-142
Item Description: Travel / Conference Request
Revision Date: 9/2013
Print: 1 sided black and white
Paper: 5 Part (White, Green, Yellow, Pink, Gold)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: Please SELECT the paper stock. This form is printed on either 3 part, 4 part or 5 part.



McLaren
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.