

## **Request for Travel**

Date of Request:

Applicant Name:

Title:

Department:

Estimated Date(s) of Travel: From to

Destination: From to

Purpose of Trip: *(e.g. time of meeting, experiments/laboratories need to be performed etc, Conference materials or experimental designs must be attached.)*

Name and address of organization which applicant will work in the period:

Name and contact information of the direct supervisor (responsible Professor) in the above organization:

Applicant's emergency contact person and contact number in the period:

Will there be reimbursement for travel expenses?

Yes, please specify the estimated expenses for the whole trip: *(Transportation, accommodation, registration fee etc., please refer to the travel expenses reimbursement policy)*

No

**Centre for Regenerative Medicine and Health,  
Hong Kong Institute of Science & Innovation,  
Chinese Academy of Sciences Limited**

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I hereby confirm that I will comply with the law in the destined Country and all regulations and policy under the above-mentioned organization. I will be responsible for all the personal and property safety matters caused by personal reasons.

I also confirm that I will return to Hong Kong before or on the date specified (end date of the travel) above.

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Applicant Signature  
Staff

**APPROVAL**

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Signature  
Name:  
Approved by Direct Supervisor

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Signature  
Name:  
Approved by Centre Director

\*Please submit the form to Human Resources Department ([hr@hkisi-cas.org.hk](mailto:hr@hkisi-cas.org.hk)) for record at least 5 working days prior to the estimated date of business travel.