Weill Cornell Medicine
Pathology & Laboratory Medicine

TRAVEL REQUEST FORM

1. Requestor Name:
Full name of the individual requesting travel.

2. Location of Travel:
City, state/province, and country (if applicable).

3. Coverage Dates:
Start and end dates you will be away (MM/DD/YYYY – MM/DD/YYYY).

4. Participation:
Briefly describe your role (e.g., speaker, attendee, presenter, panelist, etc.).

5. Title of Event/Conference:
Full title of the event you plan to attend.

6. Event Link:
Provide a direct URL to the event or conference.

7. Is the sponsor providing a travel stipend or reimbursing travel expenses?
☐ Yes
☐ No
☐ Partial (please explain): _____

8. Estimated Total Cost:
Include airfare, lodging, meals, registration, etc. (Itemized if possible).

9. Funding Source:
Specify source of funding (e.g., grant, department funds, external sponsor).

Signature: _____   Date: _____

SCC Use Only: ☐APPROVED ☐DENIED *Explanation:* _____
Authorized by: _____