



Presentation & Meeting Request Form

Employee Name: _____

Place of Presentation/Meeting: _____

Dates **From:** _____ **To:** _____

Meeting Website: _____

Participation Level: **Select One**

Official UH Business Presenting Job Related Training

Is this application conjoined with any other meeting or vacation application? Yes No

Please give estimates of the following

Registration fee \$ _____ Taxi, Uber, Lyft \$ _____

Airfare \$ _____ Meals \$ _____

Hotel \$ _____ (\$65 per day for Residents, \$100 per day for Faculty)

Car Rental \$ _____

Expenses will be paid by: CME Funds Department Funds* Inviting Organization Grant

Department Chair signature required
registration, airfare and hotel only

Applicants Signature	Date
*Department Chair	Date
<small>If funds are being paid by Department Funds</small>	

Comments:

Direct Travel Itinerary must be forwarded over to the secretary once received in order to process reimbursement. If itinerary has not been forwarded over, reimbursement will be denied.