



# DeBusk College of Osteopathic Medicine

LINCOLN MEMORIAL UNIVERSITY

## DCOM Student Request to Travel

Student Name:	Date:
Class:	Event:
Sponsoring Club:	Dates of Travel:
Location of Travel:	<b>How much is your club contributing:</b>
Are you required to attend this conference:	Is this travel research related:

Have you submitted for an excused absence for this conference: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Projected Cost of Travel

Airfare:	Taxi/Ground Trans:
Lodging:	Conference Fees:
<b>Total Projected Cost:</b>	

\_\_\_\_\_  
Requested by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Services Staff Representative

\_\_\_\_\_  
Date

\*Email completed form to Caleb Arnold (Harrogate) or Laura Bryant (Knoxville). You will receive an email with travel and fund approval.

\*You have 30 days to turn in the expense report to Caleb Arnold (Harrogate) or Laura Bryant (Knoxville) to be reimbursed. You must include all itemized receipts.