



DeBusk College of Osteopathic Medicine

LINCOLN MEMORIAL UNIVERSITY

DCOM Student Request to Travel

Student Name:	Student ID:
Class (EX: 2027 Knoxville):	Conference Name:
Location of Travel:	Dates of Travel:
Sponsoring Club:	How much is your club contributing:
What is your club position (select one): Club Officer: <input type="checkbox"/> Club Member: <input type="checkbox"/>	Reason for Travel (select all that apply): Research: <input type="checkbox"/> Networking: <input type="checkbox"/> Education: <input type="checkbox"/>
Are you required to attend this conference (Y/N):	

Have you submitted for an excused absence for this conference: _____

A detailed description of the purpose of travel. What are you hoping to gain or accomplish from attending this conference: _____

Projected Cost of Travel

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

Requested by

Date

Student Services Staff Representative

Date

*Email the completed form to dcomstudentlife@lmunet.edu. You will receive a follow-up email with travel and fund approval.

*You have 30 days to turn in the expense report to Angie Smolinsky (Harrogate) or Stephanie Mullins (Knoxville) to be reimbursed. You must include all itemized receipts.