

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:		How much is your club contributing:
	Purpose of Travel:	
Projected Cost of Travel		
Airfare:		Taxi/Ground Trans:
Lodging:		Conference Fees:
Meals:		Total Projected Cost:
	Requested by	
Dean of Students/Student Services Coordinator		tor 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 <u>itemized</u> receipts.