



Department of Medical Microbiology & Immunology Student International Travel Request

This request must be completed and approved prior to spending any funds on registration fees or other travel-related expenses AND at least four weeks prior to the date of travel.

1. Business purpose (attach supporting document):
2. Destination:
3. Dates of travel:
4. Proof of CISP travel registration attached. (<https://www.utoledo.edu/cisp/travel-registry/>)
5. Index for charges:
6. Estimated expenses:

By signing below, you confirm this trip is an allowable expense on your grant and you have sufficient travel funds to cover the cost.

Principal Investigator (PI) Signature

Date

Printed name: _____

Traveler's signature (if traveler is not the PI): _____

Traveler's printed name: _____

Date: _____

The MMI administrative office will obtain the following approvals:

Grants Accounting Analyst

(required only if grant is covering expenses of trip)

Date

Kevin Pan, M.D., Ph.D.

Date

Christopher Cooper, M.D.

Date