Margaret Eckerd Brown Request

REVIEWED 7-6-2020

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| **BEFORE THE PROGRAM****Checklist:**1. [ ]  Provide conference information and estimated costs on this form below
2. [ ]  Attach a program brochure and completed registration form
3. [ ]  Obtain your nurse director’s approval and signature
4. [ ]  Return this form with brochure and registration form for approval to UPMC Hamot Education Department
5. [ ]  Once approved, r**egister for the program** (pre-pay not required for UPMC Hamot events) and make your travel arrangements. Keep all receipts and a copy of this form. Receipts and a **copy of this approved request** must be submitted through MY HUB for reimbursement after the event.
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| **CONFERENCE INFORMATION** |
| Nurse Using Funds: |  |
| Department: |  |
| Name of Program/Conference: |  |
| Dates and Location: |  Dates:  | Location:  |
| **ESTIMATED COSTS** |
| Registration | $ |
| Airfare | $ |
| Hotel | per night xnights = total cost of $$ |
| Mileage | Estimated miles (reimbursed at /mile)$ |
| Other expenses (please list) | $ |
| **Total Dollars approved by supervisor** | $ |
|  |  |
| **Statement of Intent – this information will be used in determining conference approval** |
| Please state why you want to attend this program and how you will benefit by attending: |
|  |
| Describe how will you share this information upon your return: |
|  |
| **Funding Approvals** |
| Each nursing unit has a funding allocation. Your supervisor must approve the total dollars to be spent, not to exceed your unit’s allocation. Support for local programs is typically up to $150, regional/national programs up to $1000. Funds may beused for registration, airfare, mileage, accommodations. ALSO SEE [UPMC TRAVEL POLICY](http://infonet2.upmc.com/Policies/systemwide/Documents/HSAC0500.pdf) |
| **SIGNATURES**  |
| Nurse Requesting Funds: | Nurse Director/Supervisor: | Nursing Administration Approval |