

Margaret Eckerd Brown Request

REVISED 7-1-2019

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, **register 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.

CONFERENCE INFORMATION

| | | |
|-----------------------------|--------|-----------|
| Nurse Using Funds: | | |
| Department: | | |
| Name of Program/Conference: | | |
| Dates and Location: | Dates: | Location: |

ESTIMATED COSTS

| | | |
|---|--|--|
| Registration | \$ | |
| Airfare | \$ | |
| Hotel | \$_____ per night x _____ nights = 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:

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Describe how will you share this information upon your return:

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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 be used for registration, airfare, mileage, accommodations. ALSO SEE [UPMC TRAVEL POLICY](#)

SIGNATURES

DATE

| | | |
|---------------------------------|-------|-------|
| Nurse Requesting Funds: | _____ | _____ |
| Nurse Director/Supervisor | _____ | _____ |
| Nursing Administration Approval | _____ | _____ |