

# **RESIDENT REQUEST FOR TRAVEL 2020**

**Please complete  
and submit to Suzanne Williams  
in Dr. Lillemoe's office.**

**Expenses will not be reimbursed without prior approval.**

**Name:** \_\_\_\_\_

**Meeting:** \_\_\_\_\_

**Title of  
Presentation:** \_\_\_\_\_

**Type of  
Presentation  
(attach  
Abstract):** \_\_\_\_\_  
\_\_\_\_\_

**Dates of  
Travel:** \_\_\_\_\_

**Rooming with:** \_\_\_\_\_

**Estimated  
Expenses:** \_\_\_\_\_

**Funding  
Source:** \_\_\_\_\_

**Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Keith D. Lillemoe, M.D.**