

**University of Washington
Division of General Internal Medicine**

REQUEST FOR FOREIGN TRAVEL APPROVAL

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TO: Geetanjali Chander, MD, MPH, FACP

FROM (Traveler): _____
(name) (title)

_____ (mail-stop) _____ (telephone)

_____ This memo is to request approval for the following foreign travel to be paid from the following sources (e.g., discretionary, grant, R&T, self-sustaining, 74-XXXX, 75-XXXX, WAMI, etc.). / *Budget info:* _____

_____ This memo is to request approval for the following travel to be paid from a state appropriated budget. / *Budget info:* _____

Dates of Travel: from _____ to _____
Destination(s): _____

- ◆ Purpose of travel/how travel relates to work assignment:

- ◆ Description of expected benefits to budget/project:

- ◆ Statement of whether an alternative approach could have achieved the same result (e.g., telephone call, conference call, electronic mail, etc.):

* * *

(Signature of Traveler) Date (Signature of Principal Investigator) Date

Approval:

Geetanjali Chander, MD, MPH, FACP Date
Division Head, General Internal Medicine