Department of Pathology

Travel Authorization Request Form

Please submit this form before your travel.
Enter the information in **ALL** the fields below and you will receive
an email confirming the Department Administrator/Chair approval.
Forward the completed form to email jekaterina.mileiko@ucdenver.edu or fax 303-724-5771.

Traveler Name: _____ Employee University ID #: _____
Last, First Name

Travel Type: _____

Travel Start Date: _____ Travel End Date: _____

Arrival Location: _____
City, State

Source of Funding:

If you do not have a Speedtype #, contact Jekaterina Mileiko (ph. 303-724-3703).

☐ UPI ☐ Enrichment ☐ Grant _____ ☐ Other _____
Speedtype # Speedtype #

Justification for Travel:

Estimated Travel Expenses:

Airfare: _____
Use online Concur Travel & Expense System or Christopherson Business Travel (1-855-462-8885) to purchase your airline tickets.

Car Rental: _____

Transportation: _____

Lodging: _____

Meals: _____

Misc: _____

For Clinical Faculty

Covering Physician(s):

Name: _____ Phone Number: _____ Pager Number: _____

Name: _____ Phone Number: _____ Pager Number: _____

For Research Faculty

Emergency contact in your absence:

Name: _____ Phone Number: _____ Pager Number: _____

E-MAIL

X _____
Department Chair or Department Administrator Signature