REQUEST FOR FUNDING From Meyer/Phillips Fund

Name resident/fellow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Sponsor (Faculty member who has endorsed this expenditure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for request

 \_\_\_ Research

 \_\_\_ Course

 \_\_\_ Travel

 \_\_\_\_ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of need including dates:

Requests for travel for course or meetings must follow all departmental guidelines (i.e., leave requests approved, clinical coverage obtained, abstract accepted, Program Director approval, etc.)

Funding should be sought first through regular channels- GME grant, Departmental funds.

Program Director has approved this travel and agrees with this request? yes no

Request Received (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposition: Not accepted: \_\_\_\_\_\_\_\_\_ Accepted (amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit to podom@uthsc.edu and ophillip@uthsc.edu