

NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE  
DEPARTMENT OF SURGERY  
POLICIES & PROCEDURES

## Resident Research Travel Reimbursement Authorization Form

Effective from 10/1/2011

To APPLY for travel reimbursement from the Department of Surgery, the surgery resident must submit the following information to Krissy Dulek or Terri Kier within 2 weeks of the abstract acceptance notice:

- a. Notification of acceptance of an oral presentation to a national meeting
- b. The full text of the accepted abstract, with all author names and affiliations included
- c. General information (below)
- d. Proposed budget, all inclusive (below)
- e. Authorization signatures (below)

Once the information is submitted, notification of approval status will be determined as soon as reasonably possible.

### GENERAL INFORMATION

Date of Application:	
Resident Name:	
Meeting Name:	
Meeting Location:	
Dates of Meeting:	
Proposed Dates of Travel:	
Title or ORAL Presentation:	
Senior Author Name	

**PROPOSED BUDGET**

Airfare	\$
Accommodations	\$
Registration	\$
Meals	\$
Ground Transportation	\$
Other (specify)	\$
	\$
	\$
<b>Total</b>	\$

**DEPARTMENT OF SURGERY RESIDENT AUTHORIZATION**

\*By signing below, I certify that I will be presenting research that was conducted at Northwestern University for an ORAL presentation at the above described national meeting.

Name of the research resident: \_\_\_\_\_

Signature of the research resident: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT OF SURGERY FACULTY AUTHORIZATION**

\*By signing below, I certify that the general surgery resident listed above will be presenting research that was conducted at Northwestern University for an ORAL presentation at the above described national meeting AND that I mentored this resident for this research.

Name of the faculty member: \_\_\_\_\_

Signature of the faculty member: \_\_\_\_\_

Date: \_\_\_\_\_