

**Harvard School of Public Health
Department of Biostatistics**

Travel Authorization Form for Students and Post-Doctoral Fellows on Training Grants

All completed travel itineraries must be submitted 3 business days before to registration deadlines or calling Harvard Travel. Please include a print out of the agenda or screen shot of website showing conference dates with the Travel Authorization Form. Travel dates must match dates of conference/meeting. If you plan to arrive more than one day before the conference start date and/or depart more than one day after the conference ends you need to complete an additional form.

All travel must be booked through the Harvard Travel Center. They can be reached at 496-8000. Please inform them you are traveling with federal funds and need the lowest available fare. All international flights MUST depart on a US FLAG CARRIER. Helpful Hint: Use Orbitz or your favorite online travel site to find the itinerary and price that meets your needs first, and then ask Harvard Travel to quote that flight.

Name (as is appears on photo ID): _____ HUID: _____

Local Address: _____

Permanent Address (if different): _____

Name of Conference: _____

Location: _____

Conference Dates: _____ Travel Dates: _____

Please note: If you plan to arrive more than one day before the conference starts and/or depart more than one day after the conference ends there is additional paperwork and approval required.

Are you an invited speaker, presenter, or are you presenting a poster? Yes No

If yes, please provide title/topic of presentation:

If no, please describe how attending this conference is integral to your training:

Name of Training Grant: _____

Name of Training Grant Director: _____

My travel includes the following pre-paid components:

Registration Fee \$ _____

Airfare \$ _____

Signature of Traveler: _____ Date: _____

Training Grant Director Approval: _____ Date: _____

All lodging, meal and incidental receipts must be submitted to Judy Logan for reimbursement along with the Non Employee reimbursement form within 45 days of the last day of travel.

Department finance approval: _____ Date: _____

Amount allocated for travel: _____

Fund No. to be charged: _____