

VIRTUAL CONFERENCE AUTHORIZATION

A. Use this form for approval of virtual conferences.

B. All requests should be approved by a supervisor. Senior leadership approval is not required for conference costs below \$1,000.00.

C. Registration payment through UCONN Health Travel credit card may be done by appointment with the Travel Office. A copy of the Virtual Conference Authorization and Virtual Conference Schedule must be sent to Travel Office prior to registration appointment

D. Attach this form to the miscellaneous reimbursements form and send to accounting for processing

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|--|------------|--------------|--|---------------|-----------|
| EMPLOYEE NAME (FOR WHOM AUTHORIZATION IS REQUIRED) | | TITLE | | EMPLOYEE ID # | BANNER ID |
| TELEPHONE | | REQUEST DATE | COLLECTIVE BARGAINING ID IF OTHER, PLEASE SPECIFY | | |
| PREPARED BY | DEPARTMENT | | | MAIL CODE | |
| THIRD PARTY FUNDING IS ANY PART OF THIS TRAVEL PAID FOR BY A THIRD PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", FORWARD A COPY TO TRAVEL AND CASH MANAGEMENT OFFICE | | | If Yes, please provide name of third party sponsor: _____ | | |

CONFERENCE INFORMATION

| | | |
|------------------|-------------------------|---------------------|
| CONFERENCE DATES | CONFERENCE START TIME * | CONFERENCE END TIME |
| | | |

Business purpose of the conference (how will this benefit UCONN Health): _____

Will the Date/Time specified above impact your clinical schedule? Yes No

If Yes, has this been communicated to Clinical Supervisor? Yes No

Will you be requesting advance payment of registration fees via Travel Office? Yes No

FOAPAL INFORMATION

| | COMMITTED AMOUNT | FUND | ORG | PGM | ACCT | FISCAL YEAR |
|----------------------|------------------|------|-----|-----|------|-------------|
| REG. FEES | | | | | | |
| Add'l line if needed | | | | | | |
| Add'l line if needed | | | | | | |
| Add'l line if needed | | | | | | |

Note that reimbursement for employee incurred registration expenses will not be made until after conference attendance

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|--|---|
| ATTENDEE (SIGNATURE) | SUPERVISOR (SIGNATURE) |
| FINANCIAL APPROVER (SIGNATURE) | SENIOR LEVEL AUTHORIZER (IF OVER \$1,000) (SIGNATURE) |
| GRANTS APPROVAL (SIGNATURE IF APPLICABLE) | |