**Radiation Therapists of Wisconsin Request for Authorization to Attend**

**(WORKSHOP, CONVENTION, SEMINAR, CONFERENCE, ETC.)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Member Name | Facility Associated With | Date of Request |

Name of Workshop, Convention, Seminar, Conference, etc.

Sponsor, Name of Organization, etc.

Location - City and State Dates of Attendance

Business Purpose:

Role of Member:

Attendee

Presenter

Previous workshops/seminars/conferences attended in the last 12 months (Title/Date):

|  |  |  |  |
| --- | --- | --- | --- |
| **Estimated Expenses**:Motel or Hotel Room: Number of Days: |   | $  | **Department YTD** |
| Food and Miscellaneous Expenses: |  | $  |  |
| Registration Fee: |  | $  | Budgeted: |
| Mileage (if applicable) per mile. Miles:  | $  | $  |
| Transportation (Specify Airfare, Taxi, Transportation to Airport Car Rental, Parking): | $  |  |
| Other Expenses:  | $  | Spent: |
| Total: |  | $  | $  |
| Are any expenses being paid by a third party? Yes No Amount $  |

Attach copy of registration form and description of workshop, convention, seminar, or conference and a Check Request Form for payment of registration. Proper proof of expenses must be turned in to the RTOW Treasurer for reimbursement following return from the above function.

|  |  |
| --- | --- |
|  |  |
|  Member Signature | Job Title |  |
|  | Approved | Date:  |
| RTOW President Signature | Denied |  |
|  | Approved | Date:  |
| RTOW Treasurer Signature | Denied |  |



**Note: Travel is not authorized until all approvals are received.**