

**Johns Hopkins School of Medicine**  
**Office of Medical Student Affairs - Conference Travel Approval Form**  
**Return to: Suite 137, Miller Research Building**

<b>GENERAL INFORMATION</b>	
<i>Note: This information is required in order for your reimbursement to be processed.</i>	
DATE	
STUDENT NAME	
PHONE NUMBER	
EMAIL	
ADDRESS	
<i>Note: Where you want the check to be mailed.</i>	

<b>CONFERENCE INFORMATION</b>	
<i>Note: This information is required in order for your reimbursement to be processed.</i>	
DATE(S) OF CONFERENCE	
CONFERENCE NAME	
CONFERENCE LOCATION	

<b>REIMBURSEMENT INFORMATION</b>	
<i>Note: This information is required in order for your reimbursement to be processed.</i>	
REIMBURSEMENT AMOUNT <i>Note: Please include the registration fee, airfare, meal receipts, and any other expenses from your trip.</i>	
DEPARTMENT FUNDING IO <i>Note: You must provide the budget number from the department. The Office of Medical Student Affairs will process the entire reimbursement.</i>	
FUNDS FROM THE DEPARTMENT <i>Note: Please list the amount the department plans to provide for the conference.</i>	
OMSA FUNDING IO <i>Note: This will be provided by the OMSA.</i>	
OMSA FUNDING AMOUNT	

DEPARTMENT APPROVAL SIGNATURE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

OMSA APPROVAL SIGNATURE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**NOTE: You must also include the approval email from Dr. Koenig, Associate Dean for Medical Student Affairs**