



Boston University Office of Research Compliance

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Please fill out the below information to get signed approval from your supervisor/director and the Associate VP for Research Compliance **before** any arrangements are made to attend conferences. Attendance at any conference that has not been pre-approved will **not** be reimbursed. Please attach a copy of the signed version of this form with your travel expense report and disbursements related to the conference.

Name: _____ Today's Date: _____

Dates of Conference: _____

Conference Location: _____

Conference Title: _____

Purpose of Attendance: _____

Estimate Cost of Attendance:

Registration _____

Travel _____

Accommodations _____

Other _____

Estimated Total Cost _____

Funding source of costs: _____

Person covering absence must initial here: _____

Supervisor: _____ Approved _____ Denied _____

Director: _____ Approved _____ Denied _____

Associate VP: _____ Approved _____ Denied _____

COMMENTS:
