

Department of  
Biomedical Engineering



**TRAVEL REQUEST FORM**

Please complete this form BEFORE travel occurs and submit it to Nicole Pilman in 7-105 NHH.

**NAME:** \_\_\_\_\_

**TRIP DATES: (FROM)** \_\_\_\_\_ **(TO)** \_\_\_\_\_

**DESTINATION(S):** \_\_\_\_\_

**IN CASE OF EMERGENCY, HOW DO WE REACH YOU?** \_\_\_\_\_

\_\_\_\_\_

**HOW WILL ADVISING, CLASSES, AND STAFF SUPERVISION BE HANDLED?**

\_\_\_\_\_

\_\_\_\_\_

**DEPARTMENT HEAD (or IT DEAN) APPROVAL:** \_\_\_\_\_

(Note: The University of Minnesota is obliged to comply with Minnesota Statute 15.435, Section 20, "Frequent Flyer Benefits." Whenever public funds are used to pay for airline travel by an elected official or public employee, any credits or benefits issued by an airline must accrue to the benefit of the public body providing the funding.)