**Research Travel Validation Form**

**Instructions:** This form must be completed and attached to all Department of Family and Community Medicine research-related travel expenses. The information should demonstrate that the expenses incurred are related to the funding budget to which they are being assigned. Please include other relevant documentation, if available (e.g., event agenda, letters, abstract, etc.)

|  |  |
| --- | --- |
| Claimant: |  |
| Event: |  |
| Travel Dates: |  |
| FIS Document #: |  |

**Validation**

Please provide a brief explanation to link the travel claim to the assigned funding source.

**Enclosed Support Documentation:**

[ ]  Event Agenda

[ ]  Correspondence (e.g., invitation, acceptance letter, email, etc.)

[ ]  Abstract

[ ]  Other: