



Goldman School of Dental Medicine

Request for Support of Local Business Expense/Guest Travel

Support is requested for:  Meal  Parking/Taxi  Honorarium  Other: \_\_\_\_\_

Requestor

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Department: \_\_\_\_\_ Phone #: \_\_\_\_\_

Guest (if applicable)

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Relationship of individual to GSDM: \_\_\_\_\_

Will this individual visit GSDM?  Yes  No

Date(s) of visit/Expected Expenses: \_\_\_\_\_ to \_\_\_\_\_

Rationale for Expense:  Presentation  Interview  Other (explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimate of Expenses

Mileage (\$.585) \$ \_\_\_\_\_

Taxi/Shuttle \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Misc. Expenses \$ \_\_\_\_\_

Additional Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Estimate of Expenses \$ \_\_\_\_\_

I acknowledge that these are expenses meant to further the educational and business activities of Boston University and are therefore appropriately funded by the use of University resources.

\_\_\_\_\_  
Department Chair/Director                      Date                      Account                      \$ \_\_\_\_\_  
Amount

\_\_\_\_\_  
Dean/Budget                      Date                      Account                      \$ \_\_\_\_\_  
Amount