

2022 Hackensack Meridian Health Travel / Conference Authorization

Completed form must be submitted at least 2 weeks prior to travel / attendance to a conference and in accordance with the travel policy in order to assure booking. **NOTE: As of September 1, 2017 this is the only accepted authorization form, failure to use this version may result in confirmation delays as you will be required to resubmit your information on the approved form.**

Euro Lloyd Travel Group tel: 201-568-0881 fax: 201-568-6353 email: eng@eurolloyd.com

Name: <i>Please Print</i>	
Full name (as shown on state or government issued ID documents such as a State ID Card, Drivers License or Passport)	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Email Address	Department
Position:	Office Phone Number
Home Address:	Cell Phone:
	Home Phone:
Assistant/ Secretary Name: Alejandrina Montano	Phone: 201-880-3100 Fax: 201-880-3109
Name of Cost Center to be Charged: MANDATORY*	Cost Center Number: MANDATORY*

*unless filled out form will not be processed

Attending a Conference/Seminar

MODE OF TRAVEL	<i>(please print or type)</i>
Air / Train	
Hotel Name	
Car Service to/from Local Airport	
Rental Car *	
Other	

* Use of rental cars is limited by policy and requires VP approval.

Conference/Seminar Name EMPLOYEE IS RESPONSIBLE FOR CONFERENCE REGISTRATION	
Conference Location:	
Conference Date:	FROM:
	TO:
Conference Fee:	
Is Conference Payment Needed (Completed Registration Required)	(please check one) <input type="checkbox"/> no <input type="checkbox"/> yes
Grant Related Travel?	<input type="checkbox"/> no <input type="checkbox"/> yes

Grant Project ID # _____	
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Travel Details

Destination:	
Date and time of departure	
Depart from:	
Date and time of return:	
Return to:	
Cost of travel	
Travel companion accommodation needed	<input type="checkbox"/> no <input type="checkbox"/> yes
Companion's name	
Additional Travel Details Such as Frequent Flyer Number, TSA Known Traveler Number [KTN] Personal Credit Card information for companion travel should be given directly to a EuroLloyd Agent	

Applicant's Signature: **MANDATORY*** _____ Date: _____

ATTENDEE / TRAVELER: Please attach / include a copy of your completed conference registration form.

AUTHORIZATION/SIGNATURES ARE REQUIRED: Excluded Individuals do not require authorization; check with EuroLloyd for determination

Divisional Director		(Signature)		(Print Name)	(date)
Divisional Vice President		(Signature)		(Print Name)	(date)

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