



VCU

School of Medicine
VCU Center on Health Disparities

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I, _____, understand that my position at Virginia Commonwealth University requires me to travel for meetings, conferences, etc. I acknowledge that Virginia Commonwealth University has a Travel Policy and I agree to read the policy prior to traveling, to ensure that I am familiar the policies and procedures.

I agree that I will follow the University’s Travel Policy and submit the proper forms to travel. Also, I agree to submit the proper receipts for reimbursements that require them within 5 business days of my return. This will allow ample time for obtaining the necessary signatures for processing.

If my claim form, appropriate receipts, and excess advance (i.e. travel awards or travel advances) dollars are not submitted within 15 business days after I return, I will forfeit any reimbursement from my travel. Excess advance dollars are to be paid immediately.

Failure to comply with this agreement may result in either revocation of my travel privileges or other corrective action.

My signature below indicates that I have read and will comply with the terms of this agreement.

PonJola Coney, MD
Professor Emeritus
Director, VCU Center on Health Disparities

Karen Hendricks-Munoz, MD, MPH
Professor and Chief, Division of Neonatal Medicine
Department of Pediatrics
Deputy Director,
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Marcie S. Wright, PhD, MPH
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Grants Development and Administrative Director, VCU Center on Health Disparities

Hsin-Ling “Sonya” Hung, PhD
Director of Evaluation and Assessment
VCU Center on Health Disparities

Alisa E. Brewer, MSPH
Director of Community Engagement
VCU Center on Health Disparities

Dates of Travel

Purpose of Travel

Printed Name

Signature

Date