



**Request for Travel Immunizations for University Business**

This form constitutes authorization for vaccination(s) or other services required for job duties. If the minimum requirement of notice is not met, forms will require approval from the department chair or associate chair. Forms must be submitted **6weeks** prior to travel and faxed to the UEOHC at 919-966-6337.

**Important Note:** this form is to be completed and signed by an authorized department representative only.

**Traveling Employee Information**

Name (First, MI, Last)

PID

Department Name

Department Phone Number

Position Title

Campus Box Number

**Chartfield String Information (required)** **Note:** Cannot use Grants/OSR Funding

Unit

Fund

Source

Account

Department

I verify that the above individual is an employee of the University of North Carolina at Chapel Hill.

**(Initials)**

I grant authorization for the above employee to have the requested services and understand that the department will be billed for these services.

**(Initials)**

Department Representative (**Print**)

Title

Department Representative (**Signature**)

Date