



Intent to Travel Form I2T

Department of Psychiatry

For UTSW employees only

Traveler's Name (M	ust match	the ID you will use)							Date Su	bmitted		
Elizabeth Heitman Faculty Yes No 10/18/2017									7			
Dates of Travel												
Start Date	11/0	03/2017		Start Tin	ne	5:00 PM] 1	Total Hours	/ Days		
End Date	11/0	14/2017		End Time	e	5:00 PM			dav			
	Vacation Days Taken											
Start Date				Start Time	e			Т	otal Hours	/ Days		
End Date				End Time				Γ				
De	Destination 1 of 2 (use separate sheet for each additional destination)											
City:	Juliat	ion Ion				e/Countr		or acsen				
Baltimore				Ì		-,	Maryl	and				
			Bus	iness Tra	vel F	urpose						
Conference: Na	me of o	conference:	Gato	s Foundatio	n Co	nference -	Talking Abo	ut Gene	Drice			
					, T C C	merence	Taiking Abo	ut delle	Direc			
Presenting: No		Title of Present	tatio	n:								
Invited Speaker	Visiting	Professor: Na	me	of compan	y/un	iversity:			-			
					• • • • • • • • • • • • • • • • • • • •	. [- Indian v					
☐ Honorarium Am	ount: \$	0										
		Island Carrage		- /N Co.	olina	Ctata I Inis	orcity CDIDd	project				
★ Host Paid: Host	Name:	isiand Conserv	ation	1/North Car	Olina	State Only	ersity dbino	project				
Ext	enses h	nost is paying:	airfa	are, lodging	, son	ne meals				8		
Colombific Comm	ittaa/D	oviou Poordi N	lame									
☐ Scientific Committee/Review Board: Name:												
	ng Rela	ted: how to ta	lk to	the public	abou	it genetical	ly modified	mosqui	toes & gene	drives		
Other: Evalain:									•			
Other: Explain:	Directly	related to plant	ned p	project on g	rant	with Texas	A & M and C	BIRG Et	nics Comm	ttee		
Benefit to UTSW or	Grant I	Funding:										
To share UT South	wostorn	recearch and se	-hola	rchin in the	adv	encement (of education	and he	st practices	in practical		
and professional							or caucation	and be	or practices			
		·	P	Approxin	nate	e Cost:				r		
Air Fare, Taxi, M	eals	Lodging	P.	gistration	In	cidentals	Total		lost Paid	Self Paid		
Shuttle,	eais	Louging	I IVE	gistration		cideritais	1000		ioser did	56		
Rental												
\$ 200 \$ 50		\$ 175	\$0		\$ 25	5	\$450	\$5	00	\$50		
				Traveler's			1					
I certify that th	e inform	nation provided	by m	e in this do	cume	ent is, to the	e best of my	knowle	dge, true an	d correct.		
Signature	***						Date					
			R	eports To	Sig	nature						
Signature Date												
Print Name												
Chair Approval for Non-Faculty												
and/or International Travel Date												

JT SOUTHWESTERN MEDICAL CENTER

Print Form

Intent to Travel Form 12T

Department of Psychiatry For UTSW employees only

Traveler's Nan	ne (Must match	the ID you will use)		T			ubmitted
Elizabeth Heitm	nan			Facult	y X Yes	No 10/18/20	17
			Dates of	Travel			
Start Date	11/0	03/2017	Start Tin	ne 5:00 PM		Total Hour	s / Days
End Date	11/0	14/2017	End Tim	e 5:00 PM		1 day	
			Vacation D				
Start Date			Start Time	e		Total Hours	s / Days
End Date			End Time				
-							
	Destinat	ion 1 of 2	(use sepa	rate sheet for e	ach additional	destination)	
City: Baltimo	re			State/Count	ry: Marylan	d	
			Business Tra	vel Purpose			
	ce: Name of o	conference:	Gates Foundatio	on Conference			1
Dunnantina		ı					
Presenting	No No	Title of Present	tation:				
☐ Invited Sp	eaker/Visiting	Professor: Na	me of compan	y/university:			
Honorariu	ım Amount: \$	6					
★ Host Paid	: Host Name:	Gates Foundat	cion/Texas A&M			*****	
	Expenses h	nost is paying:	meals, lodging	, some meals			THE PARTY OF
incus, loaging, some meas							
Scientific Committee/Review Board: Name:							
⋉ Research	/Training Rela	ted: how to ta	lk to the public	about genetica	lly modified mo	osquitoes & gene	e drives
Other: Ex	plain: Directly	related to plans	ned project on g	rant with Texas	A & M		
Benefit to UT	SW or Grant I	Funding:					
To share UT and profess	Southwestern sional ethics with	research and so th other scholar	cholarship in the s and establishe	advancement d researchers	of education a	nd best practices	in practical
		- H A CHINA	Approxin	nate Cost:	-		
Air Fare, Taxi, Shuttle, Rental	Meals	Lodging	Registration	Incidentals	Total	Host Paid	Self Paid
\$ 50	\$50	\$ 175	\$0	\$ 25	\$300	\$ 225	\$ 75
I certify	that the inform	nation provided	Traveler's by me in this do	Signature cument is, to th	e best of my kn	owledge, true ar	nd correct.
Signature					Date		•
		-		Signature			
Signature					Date		
1000 Sept.					1000.00.5124		
	for Non-Faculty				(1200 to		
			,		Date		

J SOUTHWESTERN MEDICAL CENTER



Intent to Travel Form I2T

Department of Psychiatry

For UTSW employees only

Traveler's Na	1	the ID you will use)	Faculty	√ ⊠ Yes □		bmitted			
Elizabeth Heit	man		Dates of			No 10/18/201	7		
Start Date	144	24/0047	Start Tin		- 1 1	Total Hours	/ Days		
End Date	977-77	04/2017	End Tim	0.00 1 101		<u></u>	, bays		
Liid Date	111/	05/2017	Vacation D	11.00.1.10		1 1/2 davs			
Start Date		1000	Start Time		7	Total Hours	/ Days		
End Date			End Time			Total Hours	7 54,5		
- Ella Data									
	Destinat	ion 1 of 2	(use sena	rate sheet for e	ach additional d	estination)			
City: Washi				State/Count	v:	f Columbia			
			Business Tra	vel Purpose					
Confere	nce: Name of	conference:	3rd Annual Mtg	Genetic Biocon	trol of Invasive I	Rodents partner	ship (GBIR#		
Presentir	ng:	Title of Presen	tation: Overvie	w of GBIRd's per	nding External E	thics Advisory C	ommittee		
☐ Invited S	peaker/Visiting	g Professor: Na	ame of compan	y/university: [
☐ Honorar	ium Amount: 5	0							
⊠ Host Pa	d: Host Name:		ation/North Car	olina State Univ	ersity/GBIRd				
Expenses host is paying: airfare, hotel, ground transportation, some meals									
☐ Scientifi	c Committee/F	leview Board: I	Name:						
Research	h/Training Rela	ted: Chairs ex	ternal ethics adv	isory committe	e; mtg to discus	s its role & pote	ntial fundi		
Other: 8	Explain:								
Benefit to U	JTSW or Grant	Funding:							
To share l	JT Southwesterr ssional ethics wi	research and s th other scholar	cholarship in the s and establishe	advancement d researchers	of education an	d best practices	in practical		
			Approxir	nate Cost:					
Air Fare, Taxi, Shuttle, Rental	Meals	Lodging	Registration	Incidentals	Total	Host Paid	Self Paid		
\$ 300	\$50	\$ 175	\$0	\$ 25	\$ 525	\$	\$ 25		
l certi	fy that the inforr	nation provided	Traveler's by me in this do	Signature cument is, to th	e best of my kno	owledge, true an	d correct.		
Signature					Date				
				Signature	E.				
Signature					Date				
Print Name									
Chair Approv	al for Non-Facult				Data				
and/or Interr	national Travel				Date				

JT SOUTHWESTERN MEDICAL CENTER

Print Form

Intent to Travel Form I2T

Department of Psychiatry

For UTSW employees only

Traveler's Na	(the ID you will use)			57 V 5	- 11	bmitted
Elizabeth Hei	tman		Dates of	Faculty	Yes T	NO 10/18/201	7
Ct - + D - 1 -				T		Tatalilla	/ Davis
Start Date		04/2017	Start Tir	10.001101		Total Hours	- Days
End Date	11/	05/2017	End Tim	11.00 1 101		1 1/2 davs	
Start Date			Vacation D			T-1-111	/ Davie
						Total Hours	/ Days
End Date			End Time				
	Destinat	tion 1 of 2	(use sena	rate sheet for e	ach additional	destination)	
City:				State/Countr	v:	of Columbia	
vvasn	ington				District	OI COIDINDIA	
			Business Tra	vel Purpose			
Confere	ence: Name of	conference:					
Presenti	ng:	Title of Presen	tation:				
Invited	Speaker/Visitin	g Professor: Na	ame of compar	y/university:			
Honora	rium Amount:	\$ 0					
— ₩ Nest Be	id. Heat Name	: North Carolina	State Universit	· · · · · · · · · · · · · · · · · · ·			*
★ Host Pa			State Officersic	у			
	Expenses	host is paying:	airfare, hotel, g	round transpor	tation, some m	neals	
☐ Scientif	ic Committee/	Review Board: f	Name:		***	-	
Scientii	ic committee,	terier boura.	Turre:				
	ch/Training Rela	ated: Chairs ex	ternal ethics ad	visory committe	e; mtg to discu	uss its role & pote	ntial fundi
Other:	Explain:		A				
Benefit to	UTSW or Grant	Funding:					
To share and profe	UT Southwester essional ethics w	n research and se ith other scholar	cholarship in the s and establishe	e advancement ed researchers	of education a	nd best practices	in practical
			Approxi	nate Cost:			
Air Fare, Taxi, Shuttle, Rental	Meals	Lodging	Registration	Incidentals	Total	Host Paid	Self Paid
450	\$50	\$ 175	\$0	\$ 25	\$ 700	\$ 675	\$ 25
	ا ا ا	J L		Signature			
I cert	ify that the infor	mation provided	by me in this do	cument is, to th	e best of my kr	nowledge, true an	d correct.
Signature _					Date _		
			Reports To	Signature			
Signature					Date		- 1.00 m
sometone and in the							
	val for Non-Facul				9 <u>4</u> 0 8		
and/or Inter	national Travel _	******			Date _		