

SCPMG Regional Research Conference Allowance

The SCPMG Regional Research Conference Allowance provides additional funding support for our oncology research program physician leadership to attend relevant clinical research conferences. The objective is to continue scientific research education, support industry networking and institutional branding, and have visibility on current industry developments to grow the medical oncology research program.

Research Program Allowance (per calendar year):

Cancer Clinical Trials Access Program (CCTAP)

Director	2 conferences
Assistant Directors (7)*	1 conference each

*(*Assistant Directors = 4 CCTAP Assistant Directors + 2 Gyn Oncology PIs + 1 Radiation Oncology PI)
(CCTAP/SROCTAP Merger finalized Spring 2026)*

Pediatric Oncology Clinical Trials Program

Director	1 conference
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- Per the Partnership Rules and Regs each physician can take a maximum of 6 days (3 days per trip) of administrative (AT) a year for travel. Any days past 6 must be taken as Educational Leave or vacation. Physicians are requested to work closely with their local departments to give them advance notice of AT to minimize scheduling impact.
- Conferences are not transferrable; meaning that if a director chooses not to attend a conference, that “credit” cannot be transferred to another person.
- Cooperative group meetings should be prioritized for travel.
- If a federally funded cooperative group offers funds for conference attendance, those funds must be used first before SCPMG regional research conference allowance funds.
- Research program allowance is for physician leadership only. Conference attendance by non-physician staff, if authorized, will be managed by the employee’s department.
- A written conference summary report to the Clinical Trials Division Physician Director is required, detailing committee and networking meetings attended, progress made towards new partnerships for clinical trial research, research best practices to be implemented, etc. Report is to be submitted within three months after conference conclusion.
- This regional research conference allowance is subject to review and termination at any time by SCPMG leadership.

- All receipts are required for reimbursement.
- Maximum per diem is \$400.
- Hotel:
Provide folio that lists your name and last 4-digits of credit card Included in \$400 daily per diem allowance.
- Meals:
Breakfast: \$20
Lunch: \$30
Dinner: \$70
Daily meals not to exceed \$120 per day; Included in \$400 daily per diem allowance.
- Other acceptable travel-related expenses:
Conference registration fees
Round trip economy class airfare (continental US only)
Ground transportation * - such as Uber, Lyft, taxi (must be business-related)
Airfare-related expense * - such as checked baggage fees.
** May be reimbursed if \$400 daily per diem has not been exhausted.*
- Expenses not covered:
 - Rental cars
 - Additional charges

Frequently Asked Questions (FAQs):

- Who should be contacted for help regarding travel under this program? [The SCPMG administrative office team – SCPMGMDPreAuthExpense@kp.org](mailto:SCPMGMPreAuthExpense@kp.org).
- What is time allotted per trip? [Dependent on conference duration; maximum three days and three nights per trip.](#)
- What is the airfare budget? [\\$750 for economy continental US flights.](#)
- Will physicians be booking their own flights and hotel? [Yes, they will be booking their own travel; all details with the ticket number included should be sent to SCPMGMDPreAuthExpense@kp.org.](#)
- Should all travel arrangements be made via KP's vendor - BCD travel? [Physician's may use their preferred vendor as long as the hotel/airfare pricing is less costly than BCD Travel. Economy flights only, no car rentals allowed.](#)
- Upon return, how are the expense reports submitted? [The receipts will be submitted to the SCPMG administrative office team at: SCPMGMDPreAuthExpense@kp.org.](#)
- Where is AT charged to? [Per Dr. Benjamin Broder \(designee approver\), AT is charged to local department.](#)

The program is not funded or administered by R&E, it is not necessary to create an Authorized Travel Request (ATR) or to route materials through Clinical Trials Staff. The partnerships rules and regulations set the reimbursable amount, so that supplemental funding from R&E Clinical Trials Division budgets cannot be made available should the expenses exceed \$400 per day.

SCPMG Regional Research Conference Allowance
TRAVEL & EXPENSE REIMBURSEMENT PRE-AUTHORIZATION REQUEST FORM

To:
Regional Medical Director of Quality & Clinical Analysis
SCPMG Regional Administration Office
SCPMGMDPreAuthExpense@kp.org

Date: [Click or tap to enter a date.](#)
Physician's Name: [Click or tap here to enter text.](#)
Physician's NUID: [Click or tap here to enter text.](#)
Department: [Click or tap here to enter text.](#)
Location: [Click or tap here to enter text.](#)
Phone Number: [Click or tap here to enter text.](#)

Subject: [Oncology Research Program Physician Leadership to Attend Relevant Clinical Research Conferences.](#)

Conference Full Name: [Click or tap here to enter text.](#)
Conference Date(s): _____ through _____
Conference Travel Date(s): _____ through _____
Presentation Date(s) and Time(s): [Click or tap here to enter text.](#)
Conference City Location: [Click or tap here to enter text.](#)

I am requesting approval for days away:

[Choose an item.](#) **Maybe eligible for up to 3 days maximum of Indirect Work (Mon - Fri only, IW is paid for by Physicians Department. Not to exceed 6 days IW per calendar year.**

[Click or tap here to enter text.](#) **Maybe eligible for up to 1-to-3-night(s) lodging for out-of-state conferences depending on travel distance, depending on if multiple presentations are on separate dates during the same conference.**

May be eligible for up to 0-to-1 night lodging for local conferences, depending on distance. If one way distance exceeds 85-mile one-way radius, one is eligible for one night. Please refer to "Local Conference Chart" below flowchart.

[Click or tap here to enter text.](#) **Maybe eligible for up to 1-to-4 daily meals covered depending on travel distance.**

[\\$ Click or tap here to enter text.](#) Registration fee.

[\\$ Click or tap here to enter text.](#) Total cost of round-trip coach airfare or

[Click or tap here to enter text.](#) Round trip mileage from medical center to meeting place.

Regional Office Use Only

2nd Request Late Request Denied

Approved by:

Regional Approver or Designee Date

Chief of Service Date

Area Medical Director Date