

TRAVEL REIMBURSEMENT FORM
(Once completed return form to Accounting for processing)

Name: _____

Travel City/State/Country: _____ Name of Seminar/Conference: _____

Official Travel Dates: _____ Research Project Account: _____

Mode of transportation from home/office to the airport/destination: (CHECK ONE)

- I drove _____ (miles, one-way).
- I paid \$ _____ for a bus or taxi. (attach receipt)
- No claim for mileage.

*Pre-paid items should include the dollar amount and be marked as **PP**.

DATE	MEALS OR PERDIEM	LODGING (Including taxes)	LOCAL TRANSPORT	OTHER COSTS AND DESCRIPTIONS
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

If additional space is needed, please use the attached continuation page.

AIRLINE TICKET COST \$ _____ PP (attach boarding passes)

REGISTRATION FEE \$ _____ PP (attach badge from conference/meeting)

*Indicate number of meals furnished by outside source(s) – (required): Breakfast _____ Lunch _____ Dinner _____

Mode of transportation from the airport/destination: (CHECK ONE)

- I drove _____ (miles, one-way). I paid \$ _____ for parking. (attach receipt)
- I paid \$ _____ for a bus or taxi. (attach receipt)
- No claim for mileage.

I understand it is my responsibility to provide original receipts for all expenses, regardless of amount, including those prepaid by SFVAFRE. I certify that the information provided is accurate and that I have not claimed duplicate reimbursement from any other entity.

Signature: _____ Date: _____

Principal Investigator: _____ Date: _____

Section below to be completed by SFVAFRE staff only.

REIMBURSEMENT AMOUNTS:

REGISTRATION: \$ _____
 TRANSPORTATION: \$ _____
 LODGING: \$ _____
 PER DIEM: \$ _____
 OTHER COSTS: \$ _____
 SUBTOTAL: \$ _____
 TOTAL PREPAID ITEMS: \$ _____
 TOTAL AMOUNT TO BE REIMBURSED:
 (subtotal less prepaid items) \$ _____

Approved by _____
 Approving Official for SFVAFRE _____ Date _____

