

PRIOR APPROVAL FOR TRAVEL

Please complete all applicable fields and submit to ap@cvre.org

Prior approval is required before any commitments are made, or expenses incurred, otherwise payment/
reimbursement may be denied. For more information see [Travel Policy](#).

To be read in conjunction with instructions on page 2.

Traveler Name: _____

Email: _____

VA Employee? Yes No

If Yes, provide [VA Form 0893](#)

Travel Information

DEPARTURE DATE:

RETURN DATE:

DESTINATION:

RELEVANCE TO VA MISSION:

[Click to Attach](#) documentation

ESTIMATED TRAVEL EXPENSES

	Vendor (if applicable)	Estimated Total
Air Travel		
Ground Transport		
Hotel		
Meals & Incidentals (per diem)		
Meeting/Conference registration fees <i>CVRE to pay direct? Yes No</i>		
Total Amount Requested:		

If any personal (non-business) travel will be included on the trip, please describe:

Fund Account #: _____

Fund Name: _____

Requestor Signature

Date

Principal Investigator Signature

Date

CVRE Signature

Date

Prior Approval for Travel Instructions:

Enter Traveler Name, Email

Departure/Return: Enter dates of travel

Destination: Enter location of conference or meeting.

Relevance to VA Mission:

- Outline how the travel will support VA approved research projects.
- **Click to attach** documentation: attach documentation such as a program guide, brochure, invitation letter or other written documentation which includes dates, location and purpose. If you are a VA employee, **VA Form 0893** must be completed, fully approved and attached. *Alternatively, documents can be included as separate attachments on the email.*

Estimated Travel Expenses:

- Air Travel: Enter the airline name and estimated return trip cost
- Ground Transport:
 - Enter the type i.e. taxi, shuttle, rides, parking, tolls and estimated cost
 - If traveling with private vehicle: Leave the vendor blank. Estimate cost using the number of private car miles x current IRS mileage reimbursement rate.
- Hotel: Enter the hotel name and estimated cost.
- Meals & Incidentals (per diem): Leave the vendor blank. As rates vary for different locations use the rate for the area where you spend the night per www.gsa.gov/perdiem. The first and last day of travel is ¾ of the standard rate.
- Meeting/Conference registration fees: Enter the name of vendor and estimated total. If you wish for CVRE to pay registration fees check the “CVRE to pay direct?” box “Yes”.

CVRE will not pay for additional costs related to personal travel. If traveler wishes to extend dates for personal travel contact ap@cvre.org for further instructions prior to submitting form.

Fund Acct # & Name: Enter CVRE fund account number and fund short name

Requestor & PI Signature & Date: Sign and date form

Submit form to ap@cvre.org

On completion of travel submit a [Travel Reimbursement Form](#)

See [Travel Policy](#) and Use of Residual Funds: [Residual Funds Policy and Procedures](#) & [Residual Funds Policy - Addendum](#)