

## TRAVEL REIMBURSEMENT FORM

Please complete this form and return to <a href="mailto:ap@cvre.org">ap@cvre.org</a> within 30 days of travel return. Sufficient funds must be available, and all costs must comply with the <a href="mailto:Travel Policy">Travel Policy</a>.

To be read in conjunction with instructions on page 2

					Prior Approval for Travel form completed: Yes If No			
NAME					"No" complete section below and provide VA Form 0893  RELEVANCE TO VA MISSION:			
CITY, STA	TE. ZIP							
Date			Time		Click to Attach documentation			
DEPARTURE:				FUND NAME:				
RETURN:					FUND ACCT:			
DESTINAT	TON:							
			ITEM	IIZED DA	ILY EXPE	NSES		
DATE	AIR TRAVEL	HOTEL	MEALS & TRAVEL	GROUND TRANSPORT	# OF MILES (car only)	MILEAGE (at 0.67)	REGISTRATION	TOTALS
					, ,,			
Meals includ	ded as part of r	neeting/confe	rence? Yes	No		TOTAL TO	REIMBURSE:	
were for the	t the above is a c official busine nent from any o	ss of CVRE or	ent of the trave VA approved r	el expenses incu esearch studies	ırred by me du s or education	uring the date(s activities and t	s) shown on this cla hat I have not claim	im, that all items ed duplicate
Traveler Signature			Date		Principal Investigator Signature			Date
CVRE Signa	aturo							
JANE Siglic			D.					

Click to Attach Receipts and other documentation

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## **Travel Reimbursement Form Instructions:**

Name & Address: Enter Traveler name and home address.

Departure/Return: Enter dates and times of travel.

Destination: Enter location of conference or meeting.

Prior Approval for Travel form completed: Check box "Yes" or "No".

If "No", complete:

- 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. Alternatively, documents can be included as separate attachments on the email.
- Fund Name & Fund Acct #: Enter CVRE fund account number and fund short name.

Itemized Daily Expenses: Enter amounts by date and category:

- Air Travel: Attach itinerary/receipts showing dates and times plus proof of payment. Include baggage amounts and receipts.
- Hotel: Reasonable standard hotel room costs as determined by the meeting site and prevailing hotel rates.
- Meals & Incidentals: As rates vary for different locations use the rate for the area where you spend the night per <a href="www.gsa.gov/perdiem">www.gsa.gov/perdiem</a>. ¾ of the standard rate for the first and last day of travel will be reimbursed. If your trip includes meals that are already paid for by CVRE (such as through a registration fee for a conference) you will need to <a href="deduct">deduct</a> those meals from your reimbursement per M&IE Breakdown | GSA. Check the box if meals were included.
- Ground Transport: Covers travel to and from the departure city and destination city where the conferences or meetings are held i.e. taxi, shuttle, rides, parking, tolls
- # of Miles: Enter the number of private car miles to be reimbursed and the form will calculate the dollar amount by multiplying the number of miles by the current mileage reimbursement rate. For travel to and from the airport attach an internet map (Yahoo, Google).
- Registration: Meeting/Conference registration fees

Traveler & PI Signature: Sign and date form

Click to Attach Receipts and other documentation. Alternatively, documents can be included as separate attachments on the email.

Submit form to ap@cvre.org

CVRE requires both the itemized detail receipt and proof of payment for each item

If original receipt is missing a Missing Receipt Affidavit is required, contact ap@cvre.org