



CENTER FOR  
VETERANS  
RESEARCH AND  
EDUCATION

### TRAVEL REIMBURSEMENT FORM

<p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY, STATE, ZIP _____</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Date</td> <td style="text-align: center; border-bottom: 1px solid black;">Time</td> </tr> <tr> <td colspan="2">DEPARTURE: _____</td> </tr> <tr> <td colspan="2">RETURN: _____</td> </tr> <tr> <td colspan="2">DESTINATION: _____</td> </tr> <tr> <td colspan="2">PURPOSE OF TRAVEL: _____</td> </tr> <tr> <td colspan="2">_____</td> </tr> </table>	Date	Time	DEPARTURE: _____		RETURN: _____		DESTINATION: _____		PURPOSE OF TRAVEL: _____		_____	
Date	Time												
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RETURN: _____													
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PURPOSE OF TRAVEL: _____													
_____													

#### ITEMIZED DAILY EXPENSES

DATE	AIR <small>(Provide Receipt for airfare)</small>	LOCAL TRANSPORTATION <small>TAXI, SHUTTLE, PARKING, TOLLS, ETC. (Attach original receipts)</small>	HOTEL <small>(Room &amp; Room Taxes only. Original hotel/motel receipt required.)</small>	MEALS & INCIDENTALS EXPENSES (M&IE) <small>(WWW.GSA.GOV/PERDIEM)*</small>	TOTALS

**Personal Miles (if applicable):** \_\_\_\_\_ miles (please provide a Google/Yahoo maps indicating mileage; for instance, mileage to/from the Airport)

**Meeting/Conference registration fees:** \_\_\_\_\_

**Total amount to be reimbursed:** \_\_\_\_\_

**SOURCE OF FUNDS (Investigator Account):** \_\_\_\_\_

**APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Principal Investigator, Service Chief or other authorized signature

\_\_\_\_\_  
CVRE E.D. Approval

\*The rates vary for different locations. Use the rate for the area where you spend the night. Only ¼ of the standard rate for the first and last day of travel will be reimbursed per IRS regulations: <https://www.irs.gov/pub/irs-regs/perdiemfaq%26a.prn.pdf>.

**Note: The title, date and location of the meeting/conference/seminar must be specified on the announcement and/or registration form and must be attached with your ORIGINAL receipts.**