

**Veterans Research
Foundation of Pittsburgh**
University Drive C
Building 30 Ground Floor
Pittsburgh, PA 15240
Main# (412) 360-2403 Fax# (412)360-2393

**TRAVEL
REIMBURSEMENT
FORM**

Name of Traveler:		
Home Address:		
City:	State:	Zip:
Work Phone:	Work Ext.:	Mail Code:
Alternate Phone #:		
Preferred Method of Payment: Mail Check <input type="checkbox"/> or Call for Pickup <input type="checkbox"/>		
Destination of Trip:		

Departure Date/Time:		
Return Date/Time:		
1.Meals & Incidentals	=	Please attach conference agenda. Per diem can be found at www.gsa.gov
2. Lodging/Hotel	=	Original itemized invoice showing \$0 balance
3. Airfare	=	Itinerary and proof of payment
4. Ground Transportation (Taxi, Bus, Shuttle)	=	Receipts required
5. Parking	=	Receipts required
6. Registration Fees	=	Copy of registration form and proof of payment
7. Other Expenses – Please Explain	=	Receipts required
8. Car Rental:	=	Original car rental slip and proof of payment
9. Private Car Use:		
Driven From:		Driven To:
Total # of Miles x .54 cents/mile	=	<p align="center">Please note that if the above listed documents are not included with the travel reimbursement request, the request will be returned to the traveler</p>
Total (1-9) Expenses (attach original receipts for all expenses including copies of prepaid items)	= \$	
Less Prepaid Expenses (attach copy of previously paid request form)		
Amount Due Traveler or Amount Due VRFP (attach check payable to Veterans Research Foundation of Pittsburgh)	=	

I certify that the above is a true statement of the travel expense incurred by me during the date(s) shown on this claim, that all items were for the official business of the Veterans Research Foundation of Pittsburgh or VA approved research studies or education activities, and that if my personal vehicle was used it was covered by the minimum liability insurance required by travel regulations.

Travelers Signature	Date
<i>By signing this form, I hereby attest that the funds being disbursed are for goods and/or services related specifically to the grant, contract or other funding source associated with this project.</i>	
P.I. Signature (if applicable)	Date
Executive Director Signature	Date

PROJECT CHARGEBACK: