

Travel Authorization Request Form

Submit a completed form **at least 30 days in advance** of travel to spa@bvari.org. Please note that this does not imply that the full travel reimbursement will be approved. Sufficient funds must be available, and all costs must comply with the [Travel Policy](#).

Date Submitted:

Traveler is a: BVARI Employee VA Employee Other (Please Specify):

Traveler: Email: Phone #:

Supervisor: Email:

Date(s): - Destination:

Purpose and Justification of Travel (*as it relates to what is budgeted in your award*):

Account Number: Principal Investigator:

Required Documentation:

- ♦ Registration receipt or letter of invitation stating purpose of travel
- ♦ Estimate of travel cost: _____

Traveler Date (if not using digital sig)

Supervisor Date (if not using digital sig)

Principal Investigator (if different from Traveler) Date (if not using digital sig)

FOR INTERNAL USE ONLY

S Research/Education Z Account Admin

BVARI Authorization Date (if not using digital sig)