

## **Travel Reimbursement Request Form**

Submit a	completed	d form <b>with</b>	in 30 days of tra	<b>vel return</b> to	o accountsp	payable@bvari	.org. Pleas	e note that this	does not in	mply that	
the full ti	ravel reimb	oursement v	will be approved.	Sufficient fo	unds must l	oe available, ar	nd all costs	must comply w	ith the Trav	el Policy.	
								Date Submi	tted:		
Traveler is a:		BVARI Er	nployee V	A Employe	Employee Other (Please Specify):						
Traveler:		Email:				Phone #:					
Supervisor:		Email:									
Date(s):		- Destination:									
Account	Number:	:			Principal I	nvestigator:					
Were meals included as a part of a meeting or conference? Yes No											
		Meals		# of							
	Hotel	(leave blank)	Transportation (Airfare/Train)	Miles (car only)	Miles	Ride Service/Bus	Parking	Registration	Other		
Date(s)	6302	6304	6306	6308	(at .625)	6310	6312	6314	6316	TOTAL	
**Meals will be reimbursed based on GSA per diem rates.  TOTAL:											
	Req	uired Do	cumentation:								
<ul> <li>Travel Authorization Request Form (approved in advance of travel)</li> <li>Original receipts (or Missing Receipts Affidavit)</li> </ul>											
<ul> <li>Copy of the conference or meeting agenda and related materials</li> </ul>											
	By signing	, the <b>Trav</b>	<b>eler</b> certifies tha					nitted to the IR	S or any o	ther	
			org	janization j	or aupiica	te reimbursei	nent.				
Traveler				Date		Principal Investigator (if different from Traveler) Date					
				FOR INTER	NAL USE C	DNLY					

Date

BVARI Authorization (or Supervisor for BVARI Admin Travel)

Revised: November 2023