



TRAVEL REIMBURSEMENT REQUEST

NOTE: Review the [Travel Policy](#) to ensure you are following the most current policies and procedures.

Payee Name: _____	Principal Investigator: _____
Address: _____ _____	Project Number: _____
Traveler Name: _____ (if different than payee)	Mail Check to Payee Pickup from DRI Office

TRAVEL DATES	DESTINATION	PER DIEM RATE
to # of days:		

NOTE: PROPER SUPPORTING DOCUMENTATION IS REQUIRED FOR ALL REQUESTS

DATE:								TOTAL (auto-calculates)
AIRFARE								
TAXI/SHUTTLE								
HOTEL								
PER DIEM								
REGISTRATION								
MILEAGE @\$0.67 per mile								
OTHER EXPENSES								
NOTES								

NOTE: LIQUOR, VIDEO RENTALS, ROOM SERVICE, AND OTHER NON-BUSINESS EXPENSES WILL NOT BE REIMBURSED

Purpose of travel, including description of its relationship to research project:

I certify that the information provided is accurate and I have not claimed duplicate reimbursement from any other entity.	I certify that this expense is in accordance with the restrictions on this account and available funds have been verified.
Signature of Traveler	Signature of PI or authorized party
Date	Date

Submit completed form with all signatures and supporting documents to Accounts.Payable@dri-va.org