



**VETERANS
HEALTH
FOUNDATION**

**Participant Travel
Authorization**

Travel Authorizations should be completed prior to making any travel arrangements.

Requester Name

Requester Email

Requester Phone #

Project Name

Traveler Full Name as shown on ID

Traveler Address

Traveler Cell Phone #

Departure City, State

Proposed Departure Date

Proposed Return Date

Traveler's Email Address

***Please have Traveler date of birth available to send to VHF admin in an encrypted email if you are requesting a flight to be booked.

Amounts Requested (estimates permitted):

Airfare

Lodging

Per Diem

Ground Transportation

Requester Signature/Date

PI Signature/Date

Study Name

GL Code

Budget Approval/Date

CEO Approval/Date