

Veterans Health Foundation

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 Bill.com (email required)
Destination of Trip:		

Departure Date/Time:		
Return Date/Time:		
1. Meals & Incidentals	=	Please attach meeting agenda. Per diem rate can be found at www.gsa.gov
2. Lodging/Hotel	=	Please attach original itemized invoice showing \$0 balance
3. Airfare	=	Please attach 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 required
7. Other Expenses – Please Explain	=	Please attach receipts and explanation
8. Car Rental:	=	Original car rental slip and proof of payment
9. Private Car Use:		
Driven From:		Driven To:
Total # of Miles	x \$ /mile =	<div style="border: 1px solid black; padding: 5px; text-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</div>
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 VHF (attach check payable to Veterans Health Foundation)	=	

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 Health Foundation 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 _____

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.

P.I. Signature (if applicable) _____

Chief Executive Officer Signature _____

PROJECT CHARGEBACK: _____