| VHF TRAVEL REQUEST / AUTHORIZATION FORM | | | | | | |
|--|------------------------|---|--|--|----------|--|
| Traveler: | | | | Account #: | | |
| Requested by: | | | VETERANS HEALTH | | | |
| ☐Attendee only ☐Pre | | | FOUNDATION | Account Name: | | |
| □Conference □ Information Meeting □Training □ Site Visit □ Other | | Ve | eterans Univers Bldg. 3 Pittsbu | Traveler is: ☐ VHF Employee VA Employee (memo and 0893 required) | | |
| Dates of Travel: | Travel to: (Cit | v Stato | (Country) | | | |
| | | , | - | | | |
| If this is the traveler's fir attach a W-9. | more? Tyes | For IRS reporting requirements: Is your gross annual salary \$140,000 or more? ☐ Yes ☐ No | | | | |
| Specific Purpose of Travel: (Conference Name, Paper Title, etc. – Attach supporting documentation - Instructions on Back) | | | | | | |
| Is Traveler making any deviations for personal convenience, taking vacation/annual leave or using a different mode of transportation for personal convenience? (if "Yes", explain) | | | | | | |
| Advance Requested: (Y/N) Funds Requested | | sted: | Requ | stration Payment ested: (Yes | No) Form | |
| (Attach Complete Registration Form) Estimated Travel Costs (Authorized Travel Reimbursement Amount) | | | | | | |
| Transportation Mode | POV / Air / Other | Round trip cost | | | | |
| Lodging | GSA / Special Rate | Daily Rate + Tax | \$ | X ni | ghts = | |
| Food | M & IE Rate | | \$ | X | | |
| Parking | Airport | Remote Rate | \$ | x | days = | |
| Ground Transportation | Taxi / Train / Bus | Estimate Amount | \$ | | | |
| Other | | | \$ | | | |
| | | Total Estimated Cost | | | | |
| Rental Car Request (mu | ıst have prior CEO apı | | | | | |
| Justification & Cost Comparison: | | | | | | |
| CEO Approval: | | | | | | |
| | | | | | | |
| Remarks/Notes: | | | | | | |
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| | | | | | | |
| REQUIRED SIGNATURES: | | | | | | |
| Traveler Signature: | | | | | | |
| | | | CEO Approval: | | | |
| PI Signature (If different): | | -U.V.I.E w -1.V.A. T | ral Dall | | Tuessel | |
| *By signing I certify that I | am in compliance with | ali ver and va Trav | vei Poli | cies, including Foreig | n navel. | |

Instructions for Presenting Research Findings:

If travel is being requested (even in part) to present research results or a summary of scientific findings, please provide the following:

| 1) | A copy of the presentation prior to presenting. This is to assure that VA and/or VHF are appropriately cited in the presentation through mention in the affiliations, funding, or salary support. | | | | |
|-------|---|--|--|--|--|
| 2) | What permission is granted for VHF to post your work? Check all that apply: ☐ Poster ☐ Summary ☐ Both ☐ None | | | | |
| 3) | A reference for the conference. The format should be: | | | | |
| | a. | Last name author 1, First and middle initial author 1; last name author 2, first and middle initial author 2, etc. etc. (month, year). <i>Title of presentation</i> . Paper [or Poster] presented at [conference name], conference location. | | | |
| | b. | Example: Smith, M. A., Jones, S. P., Williams, S. (August 2017). Descriptive Analysis of the Brief Depression Scale. Poster presented at the American Psychoanalytic Association Convention, San Francisco, CA. | | | |
| 4) | A brief | summary of the research, no longer than 200 words (see box below) | | | |
| | a. | It should describe the important findings or goal of the poster/paper/talk. | | | |
| | b. | It should be plain language, suitable for understanding by a Veteran without a scientific background. | | | |
| | C. | The summary will be posted to the DVARC website after your presentation at the conference or meeting. | | | |
| Refer | ence: | | | | |
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| Sumn | nary: | | | | |
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Instructions for completing VHF TRAVEL REQUEST / AUTHORIZATION FORM

T ravel requests (including supporting documentation) must be received at least four weeks prior to intended departure in order to allow enough time for approval, unless extenuating circumstances exist which allow for a shorter pre-approval period. These exceptions must be approved with the Executive Director.

Your approved/signed authorization will be returned to you for your records. It should be kept for documentation when the final reimbursement request is submitted. Reimbursements will not be processed without an approved travel authorization.

VA employees requesting VHF travel support must also submit a completed and fully signed VA Form 0893 – "Advance Review of Offer to Donate Support for Official Travel" This form must be attached to the Travel Authorization Form along with an approval memo from the Chief of Staff's office for consideration of VHF supported travel. Following approval, the traveler will be notified so that they may begin to make arrangements.

<u>Advances-</u> No cash advances, reimbursement or pre-payment will be made prior to the date of actual travel. Meeting registration fees may be requested in advance and will only be made payable to the organization sponsoring the meeting. Exceptions to this policy must be preapproved by the ED.

<u>Transportation</u> — Maximum transportation reimbursement shall be limited to the most economical mode of transportation and the most direct or customary route. Transportation costs may not exceed economy class fare by airplane or train.

 $\underline{\text{Per Diem}}$ for the first and last day of the trip is reimbursed at 75% of the M&IE rate. Claims for 100% M&IE on the first and last day of travel must be requested and pre-approved as part of the travel authorization request. For example, a flight itinerary departing 6 am, returning 10 pm would be acceptable documentation to request 100% per diem on both first and last travel days.

Travel Reimbursement forms should be completed and submitted within 30 days of returning from travel.

Additional information regarding travel can be found in the VHF Operations Manual.