VETERANS HEALTH FOUNDATION

Participant Travel Authorization

Travel Authorizations should be completed prior to making any travel arrangements. When requesting flights, please provide screenshots of flight information that is to be booked.

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.

For flight, does participant need assistance to travel through airport?   Yes   No

_____

Amounts Requested (estimates permitted):

Airfare   **Lodging**   **Per Diem**   **Ground Transportation**

Requester Signature/Date   **PI Signature/Date**

_____

Study Name

Budget Approval/Date   **CEO Approval/Date**