VHF TRAVEL REQUEST / AUTHORIZATION FORM					
Traveler:		19 WHF 91		Account Name	
Requested by:				Are these federal funds? Yes No	
☐Attendee only ☐Presenter/Participant				Traveler is:	
			ONDATI	VHF Employee	
□ Conference □ Information Meeting □ Training □ Site Visit □ Other		Veterans Health Foundation University Drive C (151) Bldg. 30 Ground Floor Pittsburgh PA 15240		VA Employee - VA Form 0893 is required to submit this form for approval. If using federal funds, documentation of Authorized Leave is required.	
Dates of Travel:		Travel to: (City, State)		(Country)	
If this is the traveler's first request, please attach a W-9.		For IRS reporting requirements: Is your gross and more? Yes No		nnual salary \$140,000 or	
Is Traveler making any de	•	enience, taking vacati	tion, etc. – Attach supporting		
	Do you need		istration cost in advance? Attach Complete Registration For	Amount Requested:	
Estimated Travel Costs (Authorized Travel Reimbursement Amount)					
Transportation Mode	Flight Other Personal Vehicle	Round trip cost			
Lodging	Hotel folio will be required for reimbursement, even if hotel is booked through a third party.	Rate including tax	X nights	=	
Food	M & IE Rate		X full days + x	travel days =	
Parking	Airport		x days =		
Ground Transportation	Taxi / Train / Bus	Estimate Amount			
Registration	Include if not requesting in advance				
Other		Total Fating et al.			
		Total Estimated Cost			
	ust have CEO approval to	be reimbursed)			
Justification & C	cost Comparison:				
Remarks/Notes:					
REQUIRED SIGNATURE	:				
Traveler Signature:			VHF Budget Approval:		
DI Signatura /If different			VHF Approval:		
PI Signature (If different):		l Policies, includina Foreian Tra	avel		

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 refer	rence 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	f 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 VHF website after your presentation at the conference or meeting.			
Refer	ence:				
Sumn	nary:				

Instructions for completing VHF TRAVEL REQUEST / AUTHORIZATION FORM

Travel 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 CEO.

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 fully signed and attached to the VHF Travel Request Form to be submitted to CEO for approval and to receive reimbursement.

VA employees who are traveling on Federal funds MUST be on authorized leave to receive reimbursement from VHF. Documentation showing approved leave will be required by VHF to receive reimbursement. VA Form 0893 is not required for this circumstance.

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.

<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 CEO.

<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.

<u>Per Diem</u> 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.