



## TRAVEL REIMBURSEMENT REQUEST

**NOTE:** Review the [Travel Policy](#) to ensure you are following the most current policies and procedures.

Payee Name:		Principal Investigator:	
Address:		Project Number:	
Traveler Name:		Mail Check to Payee	
(if different than payee)		Pickup from DRI Office	

TRAVEL DATES	DESTINATION	<u>M&amp;IE PER DIEM RATE</u>
to		

**NOTE:** Submit form with supporting documentation within **30 days** of travel end date

DATE:								TOTAL (auto-calculates)
AIRFARE								
TAXI/SHUTTLE								
HOTEL								
M&IE PER DIEM								
REGISTRATION								
MILEAGE @\$0.70 per mile								
OTHER EXPENSES								
NOTES								

**NOTE:** LIQUOR, VIDEO RENTALS, ROOM SERVICE, AND OTHER NON-BUSINESS EXPENSES WILL NOT BE REIMBURSED

**Purpose of travel, including description of its relationship to research project:**

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I certify that the information provided is accurate and I have not claimed duplicate reimbursement from any other entity.	I certify that this expense is in accordance with the restrictions on this account and available funds have been verified.
Signature of Traveler	Signature of PI or authorized party
Date	Date

**Submit completed form with all signatures and supporting documents to [Accounts.Payable@dri-va.org](mailto:Accounts.Payable@dri-va.org)**