



## TRAVEL REIMBURSEMENT REQUEST

**NOTE:** Review the Travel Policy to ensure you are following the most up to date policies and procedures.

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

<b>TRAVEL DATES</b>	<b>DESTINATION</b>	<a href="#"><u>PER DIEM RATE</u></a>
to                      # of days:		

**NOTE: SUPPORTING DOCUMENTATION IS REQUIRED FOR ALL REQUESTS**

DATE:								TOTAL (auto-calculates)
AIRFARE								
TAXI/SHUTTLE								
HOTEL								
PER DIEM								
REGISTRATION								
MILEAGE @\$0.655 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:**

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.
<b>Signature of Traveler</b>	<b>Signature of PI or authorized party</b>
<b>Date</b>	<b>Date</b>

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