



## Travel Reimbursement Request

Travel TR #:

GLAVREF Fund #:

Please Reimburse: \_\_\_\_\_ for expenses while  
(name of traveler)

In Attendance at:

Dates: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Attached are original receipts and all other approved documents required to process this request for reimbursement as well as the Memorandum for Request of Approved Absence/Travel and Clinical Coverage. Pre-Approval information attached. ***If travel was international, please convert to the local currency for correct USD funds requested.***

Expense	Pre-Approval Received	#Days/Items	Rate/Cost	Subtotal	Reimbursement Requested
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**Meals**

**Hotel Accommodations**

**Ground Transportation**

(Pre-Approval Required, Basic Car Only)

**Airfare**

**Mileage**

(Local Use of Personal Car for Pre-Approved Conference or Event Only)

**Parking**

**Registration Fees**

**Poster/Exhibit Cost**

**Telephone**

**Other**

**Total Reimbursement Request**

**Payment Instructions**

Mail Direct \_\_\_\_\_ Hold for Pickup By \_\_\_\_\_ Phone \_\_\_\_\_

Name of PI: \_\_\_\_\_ Signature of PI: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Picked Up By: \_\_\_\_\_

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