



Veterans
Medical Research
Foundation

Private Automobile Mileage Voucher

(Use when mileage is the only travel expense. The minimum amount is \$5.00)

Name:		VMRF Project #:		
Address:		Date:		
City:	State:	Zip:	Requested By:	
Phone #:		Mail Code	Phone ext:	
Vehicle Make:		Model:		
Year:		License No.:		
Mail Check To: <input type="checkbox"/>		Call For Pick-up: <input type="checkbox"/>		
Location Visited	Date(s)	Mileage	Rate	Reimbursement Claimed
			.555	\$ 0.00
			.555	\$ 0.00
			.555	\$ 0.00
			.555	\$ 0.00
				Total:\$ 0.00

Purpose of travel:

Other Employees Transported:

I certify that the above is a true statement of the travel expenses incurred by me to the service of the Veterans Medical Research foundation during the date(s) shown on the face of this claim, that all items were for the official business of the Veterans Medical Research Foundation, and that the vehicle used was covered by the minimum liability insurance required by travel regulations.

Prepared by: _____ Ext: _____

Claimant's Signature _____

I declare this expenditure is for the benefit of research activities for the above stated research project.

Principal Investigator: _____

By signing this form, I hereby attest that the funds being disbursed are for goods and/or service related specifically to the grant, contract or other funding source associated with this project number.

(Below for Accounting Department Use Only)

Requires C&G approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials:	Date:
Secondary approval required <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials:	Date: