



Veterans
Medical Research
Foundation

Travel Advances and Prepayment Requests

Name:		Accounting Use (TEV#)	
Home Address:		Mail Check <input type="checkbox"/> or Call for Pick Up <input type="checkbox"/>	
Work Phone:	Work Ext:	Mail Code:	
Purpose of Travel:			
Destination:			
Departure Date:		Return Date:	
Advance Requested (payable to traveler)		Prepayment Requested (payable to third party)	
Airfare		Issue to:	
Hotel		Address:	
Conference			
Rental Car			
Total Requested: \$0.00		Amount: \$0.00	
(minimum advance is \$100)			
Please provide a copy of the conference registration or documentation			
Within 30 days after return from travel, submit the Travel Expense Voucher showing the advance/prepayment and calculating the balance due to the traveler or to be repaid to VMRF.			
Traveler's Signature: _____		Date Submitted: _____	
After approval, forward this original request to VMRF Accounting and to the extent possible, please allow 15 days for processing.			
PI Signature: _____		Date: _____	
VMRF Project #:			
International travel requires C&G approval <input type="checkbox"/> Yes <input type="checkbox"/> No		Initials:	Date:
Domestic travel requires C&G approval <input type="checkbox"/> Yes <input type="checkbox"/> No		Initials:	Date:
Additional approval required <input type="checkbox"/> Yes <input type="checkbox"/> No		Initials:	Date: