



Veterans  
Medical Research  
Foundation

**Travel Advances and Prepayment Requests**

Name:		Accounting Use (TEV#)	
Home Address:			
Work Phone:		Mail Code:	
Purpose of Travel:			
Destination:			
Departure Date:		Return Date:	
<b>Advance Requested</b> (payable to traveler)		<b>Prepayment Requested</b> (payable to third party)	
Airfare		Issue to:	
Hotel		Address:	
Conference			
Rental Car			
<b>Total Requested:</b> \$0.00 (minimum advance is \$100)		<b>Amount:</b> \$0.00	
<b>**Please provide a copy of the conference registration or documentation**</b>			
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.			
<b>PI Signature:</b> _____ <b>Date:</b> _____			
VMRF Project #:			
International travel requires C&G approval		<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials: _____
Domestic travel requires C&G approval		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Additional approval required		<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials: _____
			Date: _____