



Veterans  
Medical Research  
Foundation

### Travel Expense Voucher

<b>Name of Traveler:</b>		<b>Accounting Use (TEV#)</b>
<b>Home Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone Number:</b>		
<b>Work Phone Number:</b>	<b>Work Extension:</b>	<b>Mail Code:</b>
Mail Check <input type="checkbox"/> or Call for Pickup <input type="checkbox"/>		

<b>Purpose and Destination of Trip:</b>		
<b>Departure Date/Time:</b>	<b>Return Date/Time:</b>	<b>Total Number of Travel Days:</b>

<b>1. Meals &amp; Incidentals (attach Travel Per Diem Form)</b>	=	Conference Flyer/Memo – if Travel Purpose is different than conference
<b>2. Lodging/Hotel</b>	=	Original itemized invoice showing \$0 balance
<b>3. Airfare</b>	=	Original receipts
<b>4. Ground Transportation (i.e. Taxi, Bus, Shuttle)</b>	=	Original receipts
<b>5. Parking</b>	=	Original receipts
<b>6. Registration Fees</b>	=	Copy of registration form and proof of payment
<b>7. Other Expenses – Please Explain (attach Meeting Expense Form, if applicable)</b>	=	Itemized original receipts
<b>8. Car Rental:</b> (Please note that additional car insurance for domestic travel is not reimbursable by VMRF)	=	Original car rental slip (usually pink) and proof of payment

<b>9. Private Car Use:</b>					
<b>Make:</b>	<b>Year:</b>	<b>License #:</b>	<b>Name of Insurance Company</b>		
<b>Driven From:</b>	<b>Driven To:</b>				
<b>Total Number of Miles</b> x .50 Cents Per Mile			= \$	0.00	

<b>Total (1-9) Expenses</b> (attach original receipts for all expenses including copies of prepaid items)	= \$	0.00	<b>Please note that if the above listed documents are not included with the travel voucher request, the request will be returned to the traveler.</b>
<b>Less Advance and Prepaid Expenses</b> (attach copy of previously paid Advance/Prepayment request form)	=		
<b>Amount Due Traveler or Amount Due VMRF</b> (attach check payable to Veterans Medical Research Foundation)	= \$	0.00	

I certify that the above is a true statement of the travel expense incurred by me during the date(s) shown on this claim, that all items were for the official business of the Veterans Medical Research Foundation or VA approved research studies or education activities, and that if my personal vehicle was used it was covered by the minimum liability insurance required by travel regulations.

**Travelers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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.

**P. I. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VMRF Project #:** \_\_\_\_\_

<b>International travel requires C&amp;G approval</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Initials:</b>	<b>Date:</b>
<b>Domestic travel requires C&amp;G approval</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Initials:</b>	<b>Date:</b>
<b>Additional approval required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Initials:</b>	<b>Date:</b>