SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH

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TRAVEL REIMBURSEMENT FORM

REIMBURSEMENT REQUESTS MUST BE SUBMITTED WITHIN 60 DAYS OF END OF TRAVEL. REQUESTS RECEIVED AFTER 60 DAYS REQUIRE A JUSTIFICATION FOR THE DELAY AND MAY BE DENIED OR CONSIDERED AS TAXABLE INCOME. REQUESTS RECEIVED AFTER 120 DAYS WILL BE DENIED.

CHECK WILL BE MAILED TO ADDRESS PROVIDED FOR TRAVELER

Date _____	Traveler Name _____
PI/Member Name _____	Home Address _____
Acct #	City St. ZIP

RDIS# of VAPSHCS-Approved Project at SIBCR Supported by this Expenditure

Meeting Details (Attach announcement or program)

Inclusive Dates _____ Location _____

Conference Name

Justify the Necessity of Participation as it Relates to the Award and/or SIBCR's Approved Research or Education Function

****Attach invoices or receipts****

Traveler will only be reimbursed without receipts up to a total of $50 per trip.

Costs Claimed		**Notes**
Airfare/Train Ticket	$	Attach ticket
Private Car Mileage	$	____ miles @72.5¢/miles; home <-> airport
Lodging	$	
Per Diem (M&I)	$	Fed. Per Diem: www.gsa.gov; 75% travel days, 100% other
Taxi/Ground Transport	$	
Car Rental	$	May require further justification
Parking	$	
Registration Fees	$	
Other	$	Describe _____
Total	**$** 0	

I certify that the above is a true statement of the travel expenses incurred by me during the date(s) shown on this claim, that all items were for the official business of SIBCR or VA approved research studies or education activities and that I have not claimed duplicate reimbursement from any other entity.

Traveler (if not PI/Member)	SIBCR PI/Member or Authorized Signatory
_____	_____
Signature Date	Signature Date

SIBCR Office Use Only		
GL Coding	_____	
SIBCR Accounting Approval	_____	Entered _____

Rev. 01/2026