

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	Amount	Notes
Airfare/Train Ticket	\$ _____	Attach ticket
Private Car Mileage	\$ _____	_____ miles @62.5¢/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	\$ 0.00	

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) _____ Signature _____ Date _____	SIBCR PI/Member or Authorized Signatory _____ Signature _____ Date _____
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SIBCR Office Use Only	
GL Coding _____	_____
SIBCR Accounting Approval _____	Entered _____