|  |  |
| --- | --- |
| **Chicago Association for Research and Education in Science** |  |
| **Request Reimbursement for Non-Local Registration/Travel**  |  |
| **Traveler** (Type Name and Check Delivery Address Below) | **Investigator Acct to Charge** ► |       |
|       | **VA Employee?** | YES | [ ]  |  | No | [ ]   |
|       | If **Yes**, Completed VA Forms **Required** |
|       | Or provide timesheet to indicate AA or Vacation Leave Used |
|       |  | **\*** Received fromanother organization | ***CARES Use Only*** |
| **Narrative** | **Amount** |
| **Claimed** | ***Adjusted*** | **Approved** |
| Federal Per Diem Rates: [www.gsa.gov](http://www.gsa.gov) |  |  |  |  |
| **TRANSPORTATION** |  |  |  |  |
| Airfare  |       |       |  |  |
| Luggage Fees –  |  |  |  |  |
| **Taxi-Shuttle To/From Airports** |  |  |  |  |
| To Airport: | From Work | [ ]  | From Residence | [ ]  |       |       |  |  |
| Airport to Destination Hotel |  |       |       |  |  |
| Destination Hotel to Airport |  |       |       |  |  |
| From Airport: | To Work | [ ]  | To Residence | [ ]  |       |       |  |  |
| Airport Parking | [ ]  | Other Parking | [ ]  | **Attach Receipts** |       |       |  |  |
| Tolls (Total) |       |       |  |  |
|      | ¢ per mile @ |       | Miles Traveled (round trip) |       |       |  |  |
| **LODGING** |  |  |  |  |
|  |       |       |  |  |
|  |  |  |  |  |
| **MEALS** |  |  |  |  |
| **NO RECEIPTS REQUIRED – To be calculated by CARES** |  |  |  |  |
| ***Meals provided at Meeting?*** | [ ]  | **Yes** | [ ]  | **No** | **Partial** | [ ]  |  |       |  |  |
| (If **Partial**, attach list with dates and indicate meals provided – Do not enter Amount Claimed – CARES office will calculate) |
| **OTHER (Itemize)** |  |  |  |  |
| **Registration (do not include if paid by CARES)** |       |       |  |  |
|       |       |       |  |  |
|       |       |       |  |  |
|       |       |       |  |  |
|  | **TOTAL to be completed by CARES →** |  |
| **Were you a presenter?** | [ ]  | **YES** | [ ]  | **NO** |  |
| **Justification for Travel** ▼ |  |
|       |
| **Attach copy of program guide/brochure (cover is sufficient if dates, location and topic is included)** |
|  |
| ***Traveler Certification:*** *This is a true and accurate statement of expenses and unless noted above none of these expenses have been or will be reimbursed to me from any other source.* |  |  |  |
| **Authorized Signature for Account** |  | **Date** |
|  |  |  |  |  |  |
| **Signature of Traveler** |  | **Date** | **CARES Executive Director** |  | **Date** |