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| **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 from  another 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  | | | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  | | | | | | |  | |
| **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)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  | | | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **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** | | |