

# Chicago Association for Research and Education in Science

## REQUEST FOR APPROVAL FOR CARES EMPLOYEES TO ACCEPT TRAVEL/EDUCATION/TRAINING REIMBURSEMENT FROM CARES

1. Name: \_\_\_\_\_ VA Employee? Yes No  
Position/Title \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
2. Account to be Charged: \_\_\_\_\_
3. Destination: \_\_\_\_\_
4. Dates: From: \_\_\_\_\_ To: \_\_\_\_\_
5. Purpose of Attendance: Research-related Education Presentation Attendee  
(Please attach a copy of the flyer, brochure or other announcement about the meeting you are attending.)
6. Is CARES the sole source of funding for this travel? Yes No
7. If no, what other source of support will be used? \_\_\_\_\_
8. Please describe the nature of the other support you received: \_\_\_\_\_
9. Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_
10. Immediate Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_
- 11: Executive Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

Upon completion of the travel, please record actual expenses in the "Amount Claimed" column of the worksheet, which should then be forwarded with this form to CARES along with all original receipts. Reimbursement can be expected within five working days.

