

Chicago Association for Research and Education in Science

REQUEST FOR VA APPROVAL FOR NORTH CHICAGO VA EMPLOYEES TO ACCEPT TRAVEL/EDUCATION/TRAINING REIMBURSEMENT FROM CARES (Hines Employees must complete the [10-0101B Form](#))

VA employees are required by VA Regulation to obtain approval of the Facility Director prior to the acceptance of funds or support from a non-VA entity including CARES. This form should be completed in advance of travel. VA employees are required to obtain approval signature from immediate supervisor, Service Chief, Chief of Staff and Hospital Director. CARES employees are required to have signature of immediate supervisor and account holder. This completed form is to be provided to CARES at the time reimbursement is claimed.

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. Basis of Acceptance: CARES is a 501 (c) 3 not-for-profit corporation.
(5/30/03: Chicago Regional Counsel has provided blanket approval for VA employees to accept funding from CARES.)
7. Is CARES the sole source of funding for this travel? Yes No
8. If no, what other source of support will be used?
Check category for this source of support.
 - a. Cash from an approved 501 (c) 3 organization
 - b. In-kind from an approved 501 (c) 3 organization
 - c. State, County or Municipal Government
 - d. One basis of being a "Nationally recognized Investigator"
 - e. In-kind support from a non-501 (c) 3 organization
 - f. Department of Veterans Affairs
9. Authorized Absence requested? Yes No
10. Annual Leave in conjunction with travel being requested? Yes No
11. Employee Signature: _____ (Date) _____
12. Approved/Disapproved: _____ (Supervisor) _____ (Date) _____
13. Approved/Disapproved: _____ (Chief of Staff) _____ (Date) _____
14. Approved/Disapproved: _____ (Hospital Director) _____ (Date) _____

After signatures have been obtained, a copy of this should be provided to your timekeeper. Upon completion of the travel, the actual expenses should be recorded in the "Amount Claimed" column of the reimbursement worksheet and it should be sent to CARES along with all original receipts. Under usual circumstances, you can expect reimbursement within five working days.