

Chicago Association for Research and Education in Science
Request for Travel Reimbursement for VA and/or CARES Employees (Revised 2006)

Traveler: _____ Date: _____

ITEM	AMOUNT CLAIMED	COMMENT <i>(Office Use Only)</i>	AMOUNT APPROVED <i>(Office use only)</i>
TRANSPORTATION			
Airfare			
Privately Owned Vehicle (_____ miles @ _____ ¢ per mile)			
LODGING			
(_____ nights @ \$ _____ per night)			
MEALS			
Meals: Federal Per Diem (No receipts required) _____ days at \$ _____ per day			
Meals: Actual Expense (Itemized list and receipts attached)			
TRAVEL TO AND FROM AIRPORTS			
Residence or Work to Airport			
Airport to Destination Hotel			
Destination Hotel to Airport			
Airport to Residence or Work			
OTHER			
Registration Fee(s)			
Business Phone Calls/Business Internet Access			
Personal Phone Calls (Max of \$9.00 per day)			
Car Rental (Justification required)			
Gasoline			
Tolls			
Tips (other than those itemized on receipts)			
TOTAL(S)			

Federal per diem rates at
http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA_BASIC

Account to charge: _____ Authorized Signature _____
for the Account: _____

Were you a Presenter? Yes No (Circle one)

North Chicago VAMC and CARES Employees must provide justification for travel below.

Original receipts are required for all expenditures greater than \$25.00.