


VHF TRAVEL REQUEST / AUTHORIZATION FORM

Traveler: Requested by: <input type="checkbox"/> Attendee only <input type="checkbox"/> Presenter/Participant <input type="checkbox"/> Conference <input type="checkbox"/> Information Meeting <input type="checkbox"/> Training <input type="checkbox"/> Site Visit <input type="checkbox"/> Other	 Veterans Health Foundation University Drive C (151) Bldg. 30 Ground Floor Pittsburgh PA 15240	Account #: Account Name: Traveler is: <input type="checkbox"/> VHF Employee VA <input type="checkbox"/> Employee (memo and 0893 required)
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Dates of Travel:	Travel to: (City, State)	(Country)
If this is the traveler's first request, please attach a W-9.	For IRS reporting requirements: Is your gross annual salary \$140,000 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Specific Purpose of Travel: (Conference Name, Paper Title, etc. – Attach supporting documentation - Instructions on Back)

Is Traveler making any deviations for personal convenience, taking vacation/annual leave or using a different mode of transportation for personal convenience? (if "Yes", explain)

Advance Requested: (Y/N)	Funds Requested:	Registration Payment Requested: (Yes No) <i>(Attach Complete Registration Form)</i>	Amount Requested:
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Estimated Travel Costs (Authorized Travel Reimbursement Amount)			
Transportation Mode	POV / Air / Other	Round trip cost	
Lodging	GSA / Special Rate	Daily Rate + Tax	\$ (+) X nights =
Food	M & IE Rate		\$ X days =
Parking	Airport	Remote Rate	\$ x days =
Ground Transportation	Taxi / Train / Bus	Estimate Amount	\$
Other			\$
		Total Estimated Cost	

Rental Car Request (must have prior ED approval)

Justification & Cost Comparison:

Approval:

Executive Director

Remarks/Notes:

REQUIRED SIGNATURES:

Traveler Signature: _____

PI Signature (If different): _____

Approval:
Executive Director: _____

*By signing I certify that I am in compliance with all VHF and VA Travel Policies, including Foreign Travel.

Instructions for Presenting Research Findings:

If travel is being requested (even in part) to present research results or a summary of scientific findings, please provide the following:

- 1) A copy of the presentation prior to presenting. This is to assure that VA and/or VHF are appropriately cited in the presentation through mention in the affiliations, funding, or salary support.
- 2) What permission is granted for VHF to post your work? Check all that apply:
 Poster Summary Both None
- 3) A reference for the conference. The format should be:
 - a. Last name author 1, First and middle initial author 1; last name author 2, first and middle initial author 2, etc. etc. (month, year). *Title of presentation*. Paper [or Poster] presented at [conference name], conference location.
 - b. Example: Smith, M. A., Jones, S. P., Williams, S. (August 2017). Descriptive Analysis of the Brief Depression Scale. Poster presented at the American Psychoanalytic Association Convention, San Francisco, CA.
- 4) A brief summary of the research, no longer than 200 words (see box below)
 - a. It should describe the important findings or goal of the poster/paper/talk.
 - b. It should be plain language, suitable for understanding by a Veteran without a scientific background.
 - c. The summary will be posted to the DVARC website after your presentation at the conference or meeting.

Reference:

Summary:

Instructions for completing VHF TRAVEL REQUEST / AUTHORIZATION FORM

Travel requests (including supporting documentation) must be received at least four weeks prior to intended departure in order to allow enough time for approval, unless extenuating circumstances exist which allow for a shorter pre-approval period. These exceptions must be approved with the Executive Director.

Your approved/signed authorization will be returned to you for your records. It should be kept for documentation when the final reimbursement request is submitted. Reimbursements will not be processed without an approved travel authorization.

VA employees requesting VHF travel support must also submit a completed and fully signed VA Form 0893 – “Advance Review of Offer to Donate Support for Official Travel” This form must be attached to the Travel Authorization Form along with an approval memo from the Chief of Staff’s office for consideration of VHF supported travel. Following approval, the traveler will be notified so that they may begin to make arrangements.

Advances- No cash advances, reimbursement or pre-payment will be made prior to the date of actual travel. Meeting registration fees may be requested in advance and will only be made payable to the organization sponsoring the meeting. Exceptions to this policy must be pre-approved by the ED.

Transportation — Maximum transportation reimbursement shall be limited to the most economical mode of transportation and the most direct or customary route. Transportation costs may not exceed economy class fare by airplane or train.

Per Diem for the first and last day of the trip is reimbursed at 75% of the M&IE rate. Claims for 100% M&IE on the first and last day of travel must be requested and pre-approved as part of the travel authorization request. For example, a flight itinerary departing 6 am, returning 10 pm would be acceptable documentation to request 100% per diem on both first and last travel days.

Travel Reimbursement forms should be completed and submitted within 30 days of returning from travel.

Additional information regarding travel can be found in the VHF Operations Manual.