



Palo Alto Institute for Research & Education

P.O. Box V-38 • Palo Alto, CA 94304-0038

REQUEST FOR PRIOR APPROVAL OF TRAVEL EXPENSE

Today's Date: _____ Traveler Name: _____

Phone: _____

Email: _____

Provide the following information about the proposed travel:

Date of Departure _____ Date of Return _____

Leave Status if VA Employee _____ PAIRE Account _____

Meeting/Conference/Business _____

Location of Conference _____

Relevance to Research _____

Approval is requested for the following:

Signature of Traveler Date

P.I.'s Signature if different from Traveler Date

Approved / Disapproved

Executive Director Date

Comments: