



REQUEST FOR PRIOR APPROVAL OF TRAVEL EXPENSES

Today's Date: _____ Traveler's Name: _____

Phone: _____

Email: _____

Provide the following information about the proposed travel:

Expected Date of Departure _____ Expected Date of Return _____

PAVIR Account for Expenses

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 (10 Characters)

Name of Meeting/Conference/Business _____

Location of Conference _____

Relevance to VA Research or Education _____

Proposed Class _____

If any personal (non-business) travel will be included on the trip, please describe:

Proposed Expenses

Registration: _____

Airfare: _____

Lodging: _____

Other: _____

Expected Total Cost: _____

Signature of Traveler _____ Date

P.I.'s Signature _____ Date

Approved

Disapproved

Clear

CEO or C&G Delegate _____ Date

Approver Comments:
