

1501 San Pedro SE, Bldg. 14 (151) Albuquerque, NM 87108 Voice: 505-260-1033 Fax: 505-256-5467

TRAVEL REIMBURSEMENT FORM

		CLIMBOROLI		i XIVI	
DATE:		BRINM Account #:			
TO: BR	RINM				
Please note, if you are a VA Federal Employee, BRINM will not reimburse any travel expenses submitted without the FEDERAL VA-0893 form attached. This form is required for each separate advancement and reimbursement request, even if they are for the same trip. REIMBURSEMENT REQUESTS MUST BE SUBMITTED WITHIN 60 DAYS OF END OF TRAVEL. REQUESTS RECEIVED AFTER 60 DAYS REQUIRE A JUSTIFICATION FOR THE DELAY AND MAY BE DENIED OR CONSIDERED AS TAXABLE INCOME. REQUESTS RECEIVED AFTER 120 DAYS WILL BE DENIED.					
Please issue a check to:					
For attendance at:					
On the dates of:					
Location:					
I am NOT a VA employess and I do not need a Federal Authorization Form					
I am a VA employess and my FEDERAL AUTHORIZATION FORM IA ATTACHED					
Please list ALL expenses below					
	EXPENSE	RATE (R)	UNIT (U) ТОТА	L (R*U(
Н	Hotel (Reasonable Rate)				
N	Meals & Incidentals				
Т	ransportation (air fare, mileage)				
С	Car Rental				
С	Cabs/Shuffles				
Р	Parking				
	Other Specify)				
	Other Specify)				
Т	OTAL EXPENSES				
L	ESS ADVANCE				
R	REIMBURSEMENT				
Explain below or on back any exception circumstances requiring additional expenditures.					
I certify that the above is a true statement of the travel expenses incurred by me during the date(s) show on this claim, that all items were for the official business of BRINM or VA approved research studies or education activities and that I have not claimed duplicate reimbursement from any other entity.					
Principal Investigator:				Date	
Contact Information:					