



## REQUEST FOR PREPAID TRAVEL/CONFERENCE FUNDS

Date: \_\_\_\_\_

It is requested that the projected total amount of \$ \_\_\_\_\_ be prepaid from PVARF Project # \_\_\_\_\_ for the following:

Name of Traveler: \_\_\_\_\_ Traveler Email\*\*: \_\_\_\_\_

Travel Title / Description: \_\_\_\_\_

Travel City/State/Country: \_\_\_\_\_ Foreign Travel (see below)\*

Travel Dates: from: \_\_\_\_\_ to: \_\_\_\_\_

Conference/Workshop       Attached: copy of program agenda/syllabus

Other       Attached: copy of invitation/email correspondence

**Project Justification\*\*:** \_\_\_\_\_

*Attach additional pages if necessary*

**Registration** (Do you want PVARF to prepay)?  Yes  No Early Registration Deadline: \_\_\_\_\_

*If yes, attach completed registration form*

**Airline Reservations** (Do you want PVARF to prepay)?  Yes  No *If yes, attach requested itinerary*

Requesting advance in the amount of \$ \_\_\_\_\_

**Justification:**  Traveler is an employee of (check one):

Portland VA Research & Education Foundation , Inc.

VA Medical Center

\* If foreign travel, attach VA Foreign Travel Request Form (applies to VA employees) \*  
FIELD IS REQUIRED!

**Requested Travelers Signature:** \_\_\_\_\_ PRINT \_\_\_\_\_

*I certify that this expense is necessary to support my approved research project, education activity, or, in the case of a general donation account, that this travel is within the scope of the donor's intent.*

**Principal Investigator's Signature:** \_\_\_\_\_ PRINT \_\_\_\_\_

This section to be completed by PVARF Approving Official only

Approved

Disapproved

Paid by  Visa  Check

**Approved By:**

**PVARF Approving Official** \_\_\_\_\_

**Date:** \_\_\_\_\_