



REQUEST FOR SPLIT TRAVEL/CONFERENCE FUNDS

Date: _____

It is requested that the following travel expense be split between _____ (3rd Party) and PVARF Project # _____ for the following:

Name of Traveler: _____

Destination: _____

Purpose of Travel: _____

Travel Dates: from: _____ to: _____

ATTACH PREPAID TRAVEL FORM OR 3RD PARTY DOCUMENTATION <i>Total to be Paid by 3rd Party</i>	
Airline ticket	\$ _____
Conference fee	\$ _____
Hotel	\$ _____
Per diem	\$ _____
Total prepaid/split costs	\$ _____

Provide details regarding agreement (Name of 3rd Party, Items to be funded by Org, etc) :

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. I certify that the information provided is accurate and that I have not claimed duplicate reimbursement from any other entity.

Principal Investigator's Signature: _____ PRINT _____

This section to be completed by PVARF Approving Official only

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approved By: PVARF Approving Official _____ Date: _____
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