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 _____

PAVIR Account (10 Characters) | | | | | | | | | | |

Leave Status if VA Employee _____

Meeting/Conference/Business _____

Location of Conference _____

Relevance to Research _____

Approval is requested for the following:

_____ _____

Signature of Traveler Date P.I.'s Signature Date

Approved / Disapproved

_____

CEO or C&G Delegate Date

Comments: