



## Loma Linda Veterans Association for Research

PO Box 1280, Redlands, CA 92373-0421

909.583.6250; 909.801.5190 Fax

[travel@llvare.org](mailto:travel@llvare.org)

### Travel Authorization

Incomplete forms will be returned to Traveler. All forms should be **turned in 30 days prior** to Travel. P.I. or authorized designee will be notified of travel by LLVARE. P.I. or authorized designee has the right to accept or deny travel on LLVARE projects they are responsible for.

**Date** \_\_\_\_\_ **Authorized by** \_\_\_\_\_  
**Title** \_\_\_\_\_

Traveler Information	Project Information
<b>Name</b> _____	<b>LLVARE Project Number</b> _____
<b>Phone</b> _____	<b>P.I. Name</b> _____
<b>Department</b> _____	
<b>Employee of (LLVARE, VA, LLU - must list one)</b> _____	
<b>Purpose &amp; Justification of how travel is related to Research</b>	
_____	
_____	

**Conference Title or Meeting Attending** \_\_\_\_\_

**Destination** \_\_\_\_\_ **Departure Date of Travel** \_\_\_\_\_  
**Return Date of Travel** \_\_\_\_\_

### Travel Expenses (Estimated)

<u>Per Diem</u>	<u>Amount</u>
Total Number of Travel Days at \$50.00 per day (Per Diem is available on day of travel if it occurs before 2:00pm)	_____
<b><u>Lodging</u></b>	
Lodging/Hotel	_____
<b><u>Transportation</u></b>	
Airfare (If paid by Employee)	_____
Car Rental	_____
Private Vehicle Use:      Traveled (To/From) _____	_____
Total Number of Miles @ \$0.585 per mile _____	_____
Ground Transportation & Parking (taxi, bus, shuttle, parking lots, etc)	_____
<b><u>Other Expenses</u></b>	
Other Travel Expenses ( <b>Subject to Authorization</b> ) - Be specific	_____
_____	_____
<b>Total Estimated Expenses</b>	_____

### Registration (Registration Form must be fill out and attached)

**Requesting LLVARE to pay for Registration (Yes/No)** \_\_\_\_\_

**Date Registration is Due** \_\_\_\_\_

**Amount of Registration** \_\_\_\_\_

**Registration Payable to:**

**Organization Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LLVARE office use only:	
Purchasing: _____	Mileage Verified: _____
AP: _____	_____
Scanned: _____	Approved: _____