



Loma Linda Veterans Association for Research

PO Box 1280, Redlands, CA 92373-0421
909.583.6250; 909.801.5190 Fax
accounts payable@llvare.org

Travel Expense Reimbursement

Incomplete forms will be returned to Traveler. Form must be turned in within 60 days after travel.
Please attach all receipts relating to this Travel Expense Reimbursement.

Date _____ Authorized By _____
Title _____

Traveler Information Project Information
Name _____ LLVARE Project Number _____
Address: _____ P.I. Name _____
City, State, Zip _____ Department _____
Phone _____
Purpose & Justification of how travel is related to Research

Conference Title or Meeting Attended _____

Destination _____ Departure Date of Travel _____
Return Date of Travel _____

Travel Reimbursement Reconciliation

Per Diem Amount
Total Number of Travel Days at \$50.00 per day (Per Diem is available on day of travel if it occurs before 2:00pm)
Lodging
Lodging/Hotel (please subtract personal phone calls from bill)
Transportation
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)
Other Expenses
Registration Fees (if paid by employee)
Other Authorized Travel Expenses (Be Specific)
Amount Due

Table with 2 columns and 4 rows for LLVARE office use only: Purchasing, Mileage Verified, AP, Scanned, Approved.