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**PRE - TRAVEL AUTHORIZATION REQUEST FORM**

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

Request From: \_\_\_\_\_ **BRCI Investigator (if different):** \_\_\_\_\_

1. Reimbursement of expenses are requested for:

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

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

2. **Name of Meeting:** \_\_\_\_\_  
(Please attach copy of information sheet describing meeting)

Location of Meeting: \_\_\_\_\_

Nature of Meeting \_\_\_\_\_

3. **Travel Dates:** From: \_\_\_\_\_ to: \_\_\_\_\_

4. **Anticipated Expenses for Travel** \_\_\_\_\_

5. **Anticipated Expense for Hotel:** \_\_\_\_\_

6. **Anticipated Expense for Meals:** \_\_\_\_\_

7. **Anticipated Expense for Other Expenses:** \_\_\_\_\_

\*\*If required, attach VA Authorization for time/travel permission.  
Please follow the government per diem rates for your place of travel.  
Go to: [www.gsa.gov/portal/content/104877](http://www.gsa.gov/portal/content/104877) for updated information.

6. **BRCI Grant Name:** \_\_\_\_\_

7. **BRCI Grant ID#.** \_\_\_\_\_

***BRCI policy requires travel reimbursements & original receipts to be submitted within 45 days of travel***

Approval Signature(s):

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Executive Director, BRCI

Other: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name/Signature