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## Travel Reimbursement Request Form

*For BRCI Office Use only:* BRCI Grant ID No. \_\_\_\_\_ BRCI PO#: \_\_\_\_\_

BRCI Grant Name: \_\_\_\_\_

***Please reimburse the following individual for expenses related to travel as outlined below.***

Today's Date: \_\_\_\_\_ Pre-travel authorization submitted? \_\_\_\_\_

1. **Send Check to:** Name \_\_\_\_\_ Title: \_\_\_\_\_

(Full Mailing Address) \_\_\_\_\_

2. Name of Meeting: \_\_\_\_\_

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

4. Attached are all **original receipt(s)** or missing receipt affidavit(s).

### 5. Breakdown of Expenses:

Date	Hotel	Meals	Trans.	Auto Mileage	Cab/Bus	Parking	Registration.	Other	TOTAL
<b>TOTAL</b>									

JUSTIFICATION FOR TRAVEL:

\_\_\_\_\_

Signature/Individual requesting reimbursement: \_\_\_\_\_ Date: \_\_\_\_\_

PI (if different): Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BRCI Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_