



TRAVEL REIMBURSEMENT REQUEST

If submitted more than 60 days after the expenses are incurred this claim is subject to denial and, if approved, reporting to the IRS as income.

Today's Date	Traveler	Payee, if different
Date of Departure	Place of Departure	
Date of Return	Place of Return	
Name of Event		
Location of Event		
Description/Justification/Relevance		

Attach original receipts for all expenses except per diem claim or taxi/shuttle cost less than \$25 per trip.

Expense Category	Amount	For Internal Use Only *EBIRE Staff To Complete as needed*
Airfare	\$	
Taxi/Shuttle	\$	
Rental Car & Assoc. Fuel	\$	
Mileage X (\$0.56/mile)	_____ x 0.56 = \$	
Parking	\$	
Lodging	\$	
Registration	\$	
TOTAL	\$	

I certify that the information provided is accurate and that I have not
Claimed duplicate reimbursement from any other entity.

Signature of Traveler

For Internal Use Only

EBIRE Director Signature

Approved/Disapproved

Bringing medical innovation to Northern California's Veterans

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