



1670 CLAIRMONT ROAD (151F)  
 DECATUR, GEORGIA 30033  
 VOICE: 404.728.4856  
 FAX: 470.300.8490  
 www.faver.foundation

**TRAVEL JUSTIFICATION / EXPENSE REIMBURSEMENT FORM**

Name: \_\_\_\_\_

Travel Order Number: \_\_\_\_\_ Travel City/State/Country: \_\_\_\_\_

Official Travel Dates: \_\_\_\_\_

My travel started on \_\_\_\_\_ (Date and Time)

Mode of transportation from home/office to the airport/destination: (CHECK ONE)

- I drove \_\_\_\_\_ (miles, one-way).
- I paid \$\_\_\_\_\_ for a bus or taxi. (attach receipt)
- No claim for mileage.

\*Prepaid items should include the dollar amount and be marked as *PP*.

DATE	LODGING	ROOM TAXES	MAXIMUM FEDERAL PER DIEM FOR LODGING (For FAVER Use Only)	LOCAL TRANSPORT	OTHER COSTS AND DESCRIPTIONS
	\$	\$		\$	\$
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If additional space is needed, please use the attached continuation page.

AIRLINE TICKET COST \$\_\_\_\_\_  PP (attach boarding passes)

REGISTRATION FEE \$\_\_\_\_\_  PP (attach badge from conference/meeting)

Mode of transportation from the airport/destination: (CHECK ONE)

- I drove \_\_\_\_\_ (miles, one-way). I paid \$\_\_\_\_\_ for parking. (attach receipt)
- I paid \$\_\_\_\_\_ for a bus or taxi. (attach receipt)
- No claim for mileage.

My travel ended on \_\_\_\_\_ (Date and Time)

I understand it is my responsibility to provide receipts for all expenses, regardless of amount, including those prepaid by FAVER.

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

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

**Section below to be completed by FAVER staff only.**

REIMBURSEMENT AMOUNTS:

REGISTRATION: \$ \_\_\_\_\_  
 TRANSPORTATION: \$ \_\_\_\_\_  
 LODGING: \$ \_\_\_\_\_  
 PER DIEM: \$ \_\_\_\_\_  
 OTHER COSTS: \$ \_\_\_\_\_  
 SUBTOTAL: \$ \_\_\_\_\_  
 TOTAL PREPAID ITEMS: \$ \_\_\_\_\_  
 TOTAL AMOUNT TO BE REIMBURSED:  
 (subtotal less prepaid items) \$ \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Approving Official for FAVER \_\_\_\_\_ Date \_\_\_\_\_



Foundation for Atlanta *Veterans* Education and Research

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