EMPLOYEE TRAVEL REQUEST

SECTION I - PERSONAL INFORMATION

Name: *(Last, First, MI)*	**Service**	**SBU**

Position Title: *(Example: Nurse Practitioner)*	**Government Travel Card:** ☐ YES ☐ NO	**Vendor Code:** *(if known)*

Official Duty Location: *(Example: Bend CBOC)*	**Work Phone:**	**Extension:**

SECTION II - ITINERARY INFORMATION

Will you be traveling to more than one TDY location? ☐ Yes ☐ No | Will you be requesting tuition for this event? ☐ Yes ☐ No

DESTINATION (City/State) & Event Title:	**Estimated Cost of Travel:**
Secondary DESTINATION (City/State) & Event Title:	**Vaccinated for COVID-19:** Yes No Decline to Answer
	Acknowledge VHA Expanded Travel Memo June 2021: Yes
Are you taking ANNUAL LEAVE or any other time off in conjunction with your Official Travel? ☐ Yes ☐ No **(If yes, leave dates must be included in the travel start/end dates below.)**	**LEAVE LOCATION:** **LEAVE DATES:**

TRAVEL START ➔	DATE:	TIME:
EVENT START ➔	DATE:	TIME:
EVENT END ➔	DATE:	TIME:
TRAVEL END ➔	DATE:	TIME:

SECTION III – TRANSPORTATION, PURPOSE & TYPES TRAVEL

Transportation

☐ Airfare	☐ Government Vehicle (GOV)	☐ Carpool	☐ Train	☐ POV (Please provide an email from VHAPOR-FMS Vehicles stating no GOV is available; otherwise, reimbursement will be at the government car refused rate.)

Purpose & Types of Travel

☐ Training / Conference Attendance	☐ Mission Essential/ Patient Care	☐ Invitational Travel	☐ CME	☐ Cross-Funded Travel	☐ *Reimbursable Travel (VA pays up front and is then reimbursed)	Donated Travel ☐ Partial ☐ Full

Additional justifications are needed for these special circumstances. **(MUST BE APPROVED BY SBU)** ☐ Up to 150% Actuals ☐ Rental Car ☐ Travel Advance (EFT) Justification:	*Reimbursing Entity**: ☐ VACO ☐ VISN ☐ RESEARCH ☐ OTHER POC: EMAIL: PHONE:

SECTION IV – REQUIRED SIGNATURES

EMPLOYEE PRINT NAME/ SIGNATURE/ DATE		**Comments:**
Additional Comments:		
SUPERVISOR PRINT NAME/ SIGNATURE/ DATE		**Comments:**
Additional Comments:		
SERVICE PRINT NAME/ SIGNATURE/ DATE		**Comments:**
Additional Comments:		

SECTION V – SBU ONLY

FCP:	ACC:	CC:	BOC:

SBU Comments:

SBU PRINT NAME/ SIGNATURE/ DATE		☐ NTE Amount:

VA	**EMPLOYEE TUITION REQUEST**

SECTION I – PARTICIPANT INFORMATION (*Please print neatly if used as hard copy*)

Name: *(Last, First, MI)*		**Service:**	**SBU:**

Position Title:	**Hours worked per pay period:**	**Mailstop:**	**Vendor Code (if known)**

Are you also requesting travel expenses? ☐ Yes ☐ No	**Email:**

Home Address:	**Work Phone:**	**Extension:**

SECTION II – EVENT INFORMATION

Event Title:	**Event Date:**
Event Location: (*City and State*)	**Employee will pay part of cost** ☐ Yes ☐ NO
Vendor Name:	**Vendor Mailing Address:**

Description and Cost of the Events/Sessions Employee Will Attend

SECTION III – ESTIMATED COST	SECTION IV – REGISTRATION RESPONSIBILITY
Are you using CME for ☐ **Physicians or** ☐ **Dentist?**	

ESTIMATED COST	**IS TUITION**	☐ After receiving full OF-165 approval, I will register for the learning activity and pay tuition in advance.
Tuition:	☐ Donated ☐ Reimbursable to the VA ☐ Alternate Station Funded ☐ Another service line paying	☐ After receiving full OF-165 approval, I will register for the learning activity but request the VA to pay my tuition in advance. **My completed registration form is attached.**
Other:		
Total:		

By receiving funding, I agree to share what I learn at this event with other staff.

EMPLOYEE PRINT NAME/ SIGNATURE/ DATE		Comments:

SECTION V – REVIEW & APPROVALS

SUPERVISOR PRINT NAME/ SIGNATURE/ DATE		Comments:
SERVICE PRINT NAME/ SIGNATURE/ DATE		Comments:
SBU PRINT NAME/ SIGNATURE/ DATE		Comments:
FISCAL PRINT NAME/ SIGNATURE/ DATE		Comments:

FCP:	**ACC:**	**CC:**	**FUND:**	**BOC:**

SECTION VI – FOR FISCAL USE ONLY

PURCHASE ORDER #: **REIMBURSEMENT:** **CREDIT CARD:**	**Employee Notified Date:**	**Comments:**