

# Seattle Institute for Biomedical and Clinical Research

1660 S Columbian Way ▪ S-151F ▪ Seattle, WA 98108  
206.204.6178 ▪ Fax 206.204.6190  
www.sibcr.org

## TRAVEL REIMBURSEMENT FORM

<b>PI/Member Name:</b> _____	<b>Acct #:</b> _____	<b>Date:</b> _____	
<b>Type of Payment:</b> (check one)  <input type="checkbox"/> Direct to Vendor <input type="checkbox"/> Mail  <input type="checkbox"/> Reimbursement <input type="checkbox"/> Pickup ext. _____		<b>Payee Information:</b>  <b>Name:</b> _____  <b>Address:</b> _____	
		<b>City:</b> _____	<b>State:</b> _____
<b>Zip:</b> _____			
<b>PI/Member/Staff Travel (off-site)</b>			
<b>Inclusive Dates:</b> _____		<b>Place:</b> _____	
<b>Conference Name:</b> _____			
<b>Justify Attendance:</b> _____			
<b>Costs Claimed</b> (reimbursement for any item over \$25 requires a receipt):			
Airfare, Train, Mileage: \$ _____		Attach ticket or mileage: _____ miles @ 55.5/mi.	
Lodging: \$ _____			
Per Diem (M&I): \$ _____		Federal Per Diem rate (see www.sibcr.org/forms)	
Taxi/Ground Tx.: \$ _____			
Car Rental \$ _____			
Mileage Home-Airport: \$ _____		Mileage: _____ miles @ 55.5/mi.	
Airport Parking: \$ _____			
Registration Fee(s) \$ _____			
Other: _____ \$ _____			
Total: \$ _____		Attach invoices or receipts	
<b>Identify SIBCR-R&amp;D approved project(s) supported by this expenditure:</b>			
<b>RDIS Project #(s):</b> _____			
<b>Project Title (s):</b> _____			
<b>Signature of Authorized Requestor:</b>			
_____		_____	
<b>SIBCR PI/Member or designee</b>		<b>SIBCR Accounting Approval</b>	
<b>SIBCR Office Use Only</b>			
<b>Date Sent:</b> _____	<b>WA Use Tax added:</b> Y    N    NA	<b>Date Entered:</b> _____	
<b>Sent by:</b> _____	<b>GL Coding:</b> _____		