



Seattle Institute for Biomedical and Clinical Research

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TRAVEL REIMBURSEMENT FORM

PI/Member Name: _____		Acct #: _____		Date: _____	
Type of Payment: (check one)			Payee Information:		
<input type="checkbox"/> Direct to Vendor <input type="checkbox"/> Mail <input type="checkbox"/> Reimbursement <input type="checkbox"/> Pickup ext. _____			Name: _____ Address: _____		
			City: _____	State: _____	Zip: _____
PI/Member/Staff Travel (off-site)					
Inclusive Dates: _____			Place: _____		
Conference Name: _____					
Justify Attendance: _____					
Costs Claimed (reimbursement for any item over \$25 requires a receipt):					
Airfare, Train, Mileage: \$ _____		Attach ticket or mileage: _____ miles @ .50/mi.			
Lodging: \$ _____					
Per Diem (M&I): \$ _____		Federal Per Diem rate see www.sibcr.org			
Taxi/Ground Tx.: \$ _____					
Car Rental \$ _____					
Mileage Home-Airport: \$ _____		Mileage: _____ miles @ .50/mi.			
Airport Parking: \$ _____					
Registration Fee(s) \$ _____					
Other: _____ \$ _____					
Total: \$ _____		Attach invoices or receipts			
Identify SIBCR-R&D approved project(s) supported by this expenditure:					
RDIS Project #(s): _____					
Project Title (s): _____					
Signature of Authorized Requestor:					
_____			_____		
SIBCR PI/Member or designee			SIBCR Accounting Approval		
SIBCR Office Use Only					
Date Sent: _____		WA Use Tax added: Y N NA		Date Entered: _____	
Sent by: _____		GL Coding: _____			