

## **RIVR TRAVEL REIMBURSEMENT**

RIVR TRAVEL POLICY 1. VA EMPLOYEES ON VA TRAVEL MUST COMPLETE VA FORM #0893.				Method for delivery of check:		
ALL OTHERS MUST COMPLETE FORM #100MRI. 2. ORIGINAL RECEIPTS MUST BE SUBMITTED, INCLUDING HOTEL RECEIPTS.				Pick Up	<b>RIVR Mailbox</b>	
		LCULATED BASED ON FED PER DIEM RATES CONF HOTELS COVERED IN FULL WITH PROOF & RECE	рт			
	,	RENTAL CARS, WITHOUT WRITTEN JUSTIFICATION				
Meals & Incident	tals (Use Federal	Per Diem Rates Based on Location Per Diem Rates	GSA	· · · ·		
DATE		M&IE Total (First & Last Day of Travel Rate is diffe	rent)	For office use on	hly	
				Conf Dates:		
				Travel Dates:		
				Times:		
		MEALS (TOTAL)				
		· · · · · ·				
Enter miles here						
	, miles X 70 c	ents/mile / MILEAGE				
		CAB/PARK/RENTAL/TOLL				
		AIRFARE				
		REGISTRATION				
OTH	ER:			Name of	account being charge	
		TOTAL				
		TOTAL				
ave not submit	ted these expe	enses for reimbursement to any other entity, a	ind I have paid for	r all of the above	expenses myself	
		incompared for formation of the diffy other officty, t			expenses mysell.	
PRINT NAME:	:					
	FIRST NAME	LAST NAME	V	VORK/CELL#		
ADDRESS:						
		CITY S	TATE	ZIP CODE		
SIGNATURE:						

RETURN TO: RICHMOND INSTITUTE FOR VETERANS RESEARCH 1201 Broad Rock Blvd Research Service 151 Richmond, VA 23249 TEL: 804-675-5365 | FAX: 804-675-5020