

**Great Plains Medical Research Foundation
Request for Education or Research Funds**

Requester (Type or Print)

Requester Email

Requester Phone Number

Department:

A. If funds are to be used for books, journal subscriptions, videos, or other non-travel-related expenses:

Purpose of request:

Estimated cost:

B. If attending a meeting for Education or Research purposes:

Purpose of meeting:

(Attach a copy of program announcement describing the event if available or a link to a website that provides that information)

Date(s) of Research/Educational Experience

Travel start date: Travel return date:

Proposed Method of Transportation

Estimated Cost of Transportation	\$
Cost of Meals	\$
Cost of Lodging	\$
Registration Fees	\$
Other Expenses (Please List)	\$
	\$
	\$
Total expenses	\$
Advance requested:	\$

Note: Meals and incidentals are reimbursed at the GSA rate for the destination city: <http://www.gsa.gov/portal/category/21287>

Requestor

Department/Service Line Chair/Director

Treasurer or Designee, Great Plains Medical Research Foundation

Return Form to: Great Plains Medical Research Foundation Research and
Development (151), VA Medical Center
2501 West 22nd Street
Sioux Falls, SD 57105 (605) 336-3230 ext. 6502

Advances will be granted if needed for advance registration at meetings or purchase of airline tickets.

The employee must submit receipts showing funds were spent for covered allowable activities within 15 (15) working days after the covered event. GPMRF reimburses up to \$3000 per individual for travel.