

**Great Plains Medical Research Foundation  
Expense Report**

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 for research purposes:**

Purpose of request for research funds:

Cost:

**B. If attending a meeting for research purposes:**

Purpose of Research Experience

(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:

Method of Transportation:

Cost of Transportation	\$
Cost of Meals	\$
Cost of Lodging	\$
Registration Fees	\$
Other Expenses (Please List)	\$
	\$
	\$
<b>Total expenses</b>	<b>\$</b>
<b>Advance</b>	<b>\$</b>
<b>Amount Due</b>	<b>\$</b>

Make Checks Payable to:

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

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Requestor

Treasurer, Great Plains Medical Research Foundation

**Return Form to:** Great Plains Medical Research Foundation Research and  
Development (151), VA Medical Center  
2501 West 22<sup>nd</sup> 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.