

## VHL Alliance Travel Reimbursement Form

Is this an In-Kind Donation?				YES		NO	
Request Date		Payee					
Destination	Charlotte NC	Traveler (If different)					
Travel Dates	November 7-9, 2025						
Reason for Trip	Research Forum 2025						
Traveler is an Employee		Email Address					

[illegible]

TOTAL

\*\*\* ORIGINAL RECEIPTS ARE REQUIRED FOR ALL INDIVIDUAL EXPENSES, INCLUDING PREPAID ITEMS \*\*\*

ORIGINAL RECEIPTS ARE REQUIRED FOR ALL INDIVIDUAL EXPENSES, INCLUDING TRIP-RELATED ITEMS		Date
Prepared By		

Prepared by:	Print Name	Signature
<b>Payee Instructions: International Travelers</b> IBAN: Account number: BIC/SWIFT: Bank name: Bank address: Accountholder: Currency:		<b>Payee Instructions: U.S. Domestic Travelers:</b> Banking Information: Routing Number: Account Number:

I Certify that this report accurately describes the actual necessary travel expenses incurred by me. I also certify that I have been unable to obtain a duplicate receipt for any expenses marked \*\* Receipt not obtainable and that expense(s) has not been submitted for reimbursement to another affiliate or institution.

\_\_\_\_\_  
 Traveler's Signature Date

Approved by		Date
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