



Participant Travel Request/Authorization

Cost Center: - . -
project task award

****IMPORTANT****
Traveler must check one box

Traveler's Name: _____
Print Name
(as it appears on your government-issued ID)

<input type="checkbox"/>	Active Duty
<input type="checkbox"/>	Military Beneficiary
<input type="checkbox"/>	Civilian
<input type="checkbox"/>	Companion
<input type="checkbox"/>	Other: _____

Home Address: _____

Daytime Phone: _____

Fax: _____

E-mail Address: _____

Departure Location: _____ Date: _____

Business Location: _____

Return Location: _____ Date: _____

Purpose of Travel: _____

Protocol # Only: _____ Visit #: _____

All expenditure items must be filled in. If the program is not paying for an expense category, please fill in \$0.00. For per diem rates for your travel location, please see gsa.gov/perdiem.

<u>Expenses</u>		<u>Estimate of Expense</u>	<u>Special Notes:</u>
Lodging	\$ _____ per day for _____ days	_____	
Meals	\$ _____ per day for _____ days	_____	
Airfare		_____	
Transportation		_____	
Rental Car		_____	
TOTAL		\$ _____	

Travelers must complete and submit a Participant Travel Expense Report, HJF Form 521, within 10 days after travel regardless of monies due or owed. Please see Travel Policy for reimbursement requirements.

Authorized Approver: _____

Signature _____ Print Name _____ Phone Number _____ Date _____

Additional Approval (if required): _____

Signature _____ Print Name _____ Phone Number _____ Date _____

Regulatory Affairs: _____

Signature _____ Print Name _____ Phone Number _____ Date _____

Participant Travel Request/Authorization

Name: _____

I would like the Travel Office to book:

Air Airport preference: Departure time: Return time:

Hotel Preferred hotel:

Rental Car Pickup location & time:

Rail Station Preference: Departure time: Return time:

POV Consult Travel Policy for reimbursement requirements. For current rate, see gsa.gov/mileage.

Personal Travel

Are you including any personal travel on this trip? Yes No

Please indicate dates of personal travel: _____

SPECIAL INSTRUCTIONS:

- Travel must be approved in the current approved protocol in order to authorize participant travel.
- If travel is for a participant companion, the companion travel must be also approved in the current approval protocol. **A separate travel request form must be submitted for the companion. Participant and companion travel requests cannot be on the same form.**
- Due to HIPPA and privacy regulations, please send both pages of this form via **SECURE FILE TRANSFER to Marianne Spevak (mspevak@hjf.org) and Lisa Keane (lkeane@hjf.org). DO NOT SUBMIT via REGULAR EMAIL.**
- If you do not have an account on the HJF Secure File Transfer, please contact Marianne Spevak (mspevak@hjf.org) to have an account set up for you.

Please send both pages of this form VIA SECURE FILE TRANSFER to Marianne Spevak (mspevak@hjf.org) and Lisa Keane (lkeane@hjf.org). DO NOT SUBMIT via REGULAR EMAIL.

By submitting this form you acknowledge HJF's Privacy Notice.
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