



RIVR TRAVEL REQUEST

1. FULL NAME (PRINT)	2. SERVICE	3. EXT
4. DATES OF TRAVEL	5. DESTINATION (CITY and STATE)	

6. ARE YOU A VA EMPLOYEE? (CHECK ONE) YES NO

IF YES, WHAT KIND OF TIME ARE YOU TAKING FOR THIS TRAVEL? (CHECK ONE)

ANNUAL LEAVE
 VA TRAVEL
 OTHER(explain) _____

7. ESTIMATED COST OF REQUEST: [Per Diem Rates](#) | [GSA](#)

ITEM DESCRIPTION	# OF DAYS	First & Last Day Per Diem Rate	DAILY RATE	AMOUNT
Transportation		-----	\$	\$
Lodging		-----	\$	\$
Meals- Fed per diem rate			\$	\$
Registration		-----	\$	\$
Other (ex:parking, taxi)		-----	\$	\$
Total	-----	-----	\$ -----	\$

8. **PURPOSE OF REQUEST** (specify what event this is and the expected outcome of your participation)

9. EMPLOYEE SIGNATURE	DATE
10. SIGNATURE OF WHO IS PAYING FOR THIS TRIP	DATE
11. SUPERVISOR SIGNATURE	DATE
12. RIVR DESIGNATED OFFICIAL SIGNATURE	DATE

FOR OFFICE USE

CASH RECEIVED	AMOUNT
Transportation	\$ _____
Lodging	\$ _____
Meals	\$ _____
Registration	\$ _____
Other	\$ _____
Total	\$ _____