



## RIVR TRAVEL REIMBURSEMENT

### RIVR TRAVEL POLICY

1. VA EMPLOYEES ON VA TRAVEL MUST COMPLETE VA FORM #0893.  
ALL OTHERS MUST COMPLETE FORM #100MRI.
2. ORIGINAL RECEIPTS MUST BE SUBMITTED, INCLUDING HOTEL RECEIPTS.
3. MEAL REIMBURSEMENTS ARE CALCULATED BASED ON FED PER DIEM RATES
4. LODGING LIMITS ARE \$400/DAY, CONF HOTELS COVERED IN FULL WITH PROOF & RECEIPT.
5. RIVR DOES NOT REIMBURSE FOR RENTAL CARS, WITHOUT WRITTEN JUSTIFICATION

**Method for delivery of check:**

US Mail      Pick Up      RIVR Mailbox

Meals & Incidentals (Use Federal Per Diem Rates Based on Location <a href="#">Per Diem Rates</a>   <a href="#">GSA</a> )	
DATE	M&IE Total (First & Last Day of Travel Rate is different)

*For office use only*

Conf Dates: \_\_\_\_\_

Travel Dates: \_\_\_\_\_

Times: \_\_\_\_\_

MEALS (TOTAL) \_\_\_\_\_

LODGING \_\_\_\_\_

Enter miles here  miles X 67 cents/mile

MILEAGE \_\_\_\_\_  
(Enter miles in box to left)

CAB/PARK/RENTAL/TOLL \_\_\_\_\_

AIRFARE \_\_\_\_\_

REGISTRATION \_\_\_\_\_

OTHER: \_\_\_\_\_

**TOTAL**

**Name of account being charged:**

\_\_\_\_\_

I have not submitted these expenses for reimbursement to any other entity, and I have paid for all of the above expenses myself.

**PRINT NAME:** \_\_\_\_\_

FIRST NAME	LAST NAME	WORK/CELL#

**ADDRESS:** \_\_\_\_\_

CITY	STATE	ZIP CODE

**SIGNATURE:** \_\_\_\_\_

RETURN TO:  
 RICHMOND INSTITUTE FOR VETERANS RESEARCH  
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