

**REGION 8 HRSA GRANT – FY2007
TRAVEL REIMBURSEMENT REQUEST**

PLEASE COMPLETE THE TABLE BELOW FOR ANY HRSA GRANT RELATED TRAVEL, BOTH TRAVEL HOURS AND MILEAGE, FOR ANYONE IN YOUR HOSPITAL/MCA FOR FY2007 (OCTOBER 2006 THROUGH AUGUST 2007). SUBMIT TRAVEL REIMBURSEMENT REQUESTS THROUGH YOUR HOSPITAL/MCA IN YOUR NORMAL MANNER, AND YOUR HOSPITAL/MCA WILL BE REIMBURSED IN SEPTEMBER FOR ALL TRAVEL ACCUMULATED THROUGHOUT THE PROJECT YEAR. (EXPENSES STARTING IN SEPTEMBER 2007 WILL BE REIMBURSED IN FY2008).

HOSPITAL/MCA NAME: _____

CONTACT PERSON: _____

PHONE: _____

DATE	PERSON(S)	MEETING/DESCRIPTION	TRAVEL HOURS	TOTAL MILES
TOTALS				

Make copies and fax these forms to the HRSA Grant office at (906) 225-3038 as often as possible and we will keep them on file until closing out the year.