Exhibit TL6.i

UNIVERSITY OF VIRGINIA MEDICAL CENTER
Travel Budget and Reimbursement Request Form

Theresa Henson

	Brian K Zwoyer
	[redacted]
	5 West Transplant, Urology, and Surgery Unit P.O. Box 801442 1215 Lee Street Charlottesville, V.A.
Departure Date	20-Oct-13
Return Date	25-Oct-13
Name of Meeting/Conference	ANOE Nurse Manager Fellowship
Purpose of Trip	Washington, DC
Primary Destination (City, State/Country)	
Nursing Education (click box to check)	☑ YES ☐ NO

Trip Budget

					PREPAID AND BUDGET (estimated)	REIMBURSEMENT REQUEST (actuals)
Public Transportation (i.e., airfare, bus, train)				$	$ 82.00	82.00
Car rental (include gasoline costs incurred)						
Personal Car (mileage) -@ State Rate	Estimated number of miles:		@	$0.510		
Registration fees						
Parking, Tolls (Please provide detail)						
Business Phone calls, faxes, etc.						
Miscellaneous (Please explain)						
Lodging:	City and State or City and Country ↓	Rate ↓	Taxes ↓	# nights ↓		
Lodging	Omni Shoreham Hotel	$ 224.00	$ 162.40	5	$ 1,282.40	1363.40
Meals: >>>>>>>>>>>>>>>>>>>>>>	Per Diem Meal Rates (in-state & out-of-state)					
Per Diem (Day of Departure)			@	75%		
Per Diem FULL DAYS			@	100%		
Per Diem (Day of Return)			@	75%		
Incidentals expense allowance	Total Nbr of Travel Days		@	$5.00		
Certified Business Meals (certification form and original receipts required)						
Additional Expenses (must be fully explained and original receipts attached)						
LESS: DEDUCTION FOR MEALS PROVIDED BY THE CONFERENCE/EVENT						
LESS: AMOUNT NOT ALLOWED BY DEPARTMENT						
TOTAL BUDGET PREAPPROVAL/REIMBURSEMENT REQUEST				$	$ 1,364.40	1445.40

Pre-Travel Budget Authorization (Complete prior to travel and retain a copy for post-trip processing):

Prepared and Submitted by: Theresa Henson/JAS (signature) Date: 10/15/13

I CERTIFY THAT BUDGET IS AVAILABLE FOR THIS TRAVEL AND THAT THE PROJECTED TRAVEL EXPENSES APPEAR REASONABLE AND NECESSARY FOR THE CONDUCT OF MEDICAL CENTER BUSINESS PER MEDICAL CENTER POLICY 0015.

Department Approval/Account Signatory	Signature	J. Anderson (Print Name)	Date: 10/15/13
Agency Head or Designated Administrator:	Signature	CROONQUIST (Print Name)	Date: 10/15/13
AVP for Business Development & Finance OR Chief Finance Officer CNO	Signature	Lorna Factean (Print Name)	Date: 10/23/13

Expenditures up to 150% of base limits requires designated administrator's approval in advance of travel. Expenses in excess of 150% of base limits are not allowed from State funds and can only be reimbursed from local funds (see local funds policy 0238).

Post-Travel Reimbursement Authorization (Complete and submit within 5 working days of travel):

I CERTIFY THAT THE REIMBURSEMENT OF THE TR[illegible]ES REQUESTED ABOVE WERE NECESSARY FOR THE CONDUCT OF MEDICAL CENTER BUSINESS AND ARE IN ACCORDANCE WITH MEDICAL CENTER POLICY [illegible]L DOCUMENTATION IS ATTACHED WITH ADDITIONAL COMMENTS RELATED TO UNUSUAL CIRCUMSTANCES, IF ANY.

Traveler Signature: Bruce	Date: 10/28/13
Supervisor Signature:	Date: 10/28/13
Agency Head or Designee (if required, per policy 0015):	Date: 10/28/13
AVP for Business Development & Finance OR Chief Finance Officer (if required): CNO	Date: 10/30/13

SIGN HERE