



1201 N.W. 16th Street, Room # 2A103, Miami, Florida 33125

Phone: (305) 575-3179; Fax: (305) 575-3126

MEETING/CONFERENCE EXPENDITURE REQUEST FORM

A request for support must include a statement about the research/educational rationale for the event; that is, its VA related research/educational purpose that the Foundation's mission/purpose can support. Accompanying documents should include the program, agenda, or topic of discussion and a roster of attendees. When appropriate, the request should tie the meeting to an approved research project.

Date: _____

From: _____
(Submitter's name)

Subject: Research or Educational Meeting Expenditure- _____
(Event of Group if not a project)

If Project: _____
(Name of approved R&D or Educational Committee)

To: Dan Heller
Controller/SFVAFRE

How meeting/conference relate to approved project:

Attendees: _____

Location of meeting: _____

Date of meeting: _____ **Time:** _____
from to

Will the meeting lasts more than two hours or extends through a normal mealtime? circle either **Yes No**

Expenditure: _____ (even if pre-approved original receipts need to be attached prior to payment)

Payable to (Please print full name): _____

Principal Investigator's Signature

Foundation Management Approval

Pre-Approval (circle one) Y or N: _____ Date _____
Executive Director (or designate) or Controller