



South Florida Veterans Affairs  
Foundation for Research and Education, Inc.  
[www.sfvafre.org](http://www.sfvafre.org)

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MEETING EXPENDITURE REQUEST FORM

Date: \_\_\_\_\_

From: \_\_\_\_\_  
(Submitter's name)

Subject: Business Event/Meeting Expenditure

To: Executive Director (or designee)

Business Event/Meeting: \_\_\_\_\_  
(Name of group)

Justification; how event/meeting will further the Foundation's ability to facilitate research and education:

Attendees:

Location of meeting: \_\_\_\_\_

Date of meeting: \_\_\_\_\_ Time: \_\_\_\_\_  
from to

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

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

Payable to (Please print full name): \_\_\_\_\_

\_\_\_\_\_  
Signature

Pre-Approval:  
\_\_\_\_\_  
Date \_\_\_\_\_