

*South Florida Veterans Affairs
Foundation for Research and Education, Inc.*

1201 N.W. 16th Street Room # 2A105, Miami, Florida 33125
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www.varesearchfoundation.org

MEETING EXPENDITURE REQUEST FORM
(see accompanying SOP)

Date: _____

From: _____
(Submitter's name)

Subject: Business Event/Meeting Expenditure

To: Executive Director (or designate)

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? circle either **Yes No**

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

Payable to (Please print full name): _____

Sign Name

Pre-Approval:

Date _____