

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

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

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

www.varesearchfoundation.org

MEETING EXPENDITURE REQUEST FORM

(see accompanying SOP)

Date: _____

From: _____
(Submitter's name)

Subject: Business Event/Meeting Expenditure

To: Dan Heller
Controller/SFVAFRE

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 _____