

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

1201 N.W. 16<sup>th</sup> 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:** Research or Educational Meeting Expenditure- \_\_\_\_\_  
(Event of Group if not a project)

**To:** Dan Heller  
Controller/SFVAFRE

**R&D Committee Approved Project:** \_\_\_\_\_  
(Name and number)

**How meeting relates 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

**Pre-Approval:**

\_\_\_\_\_  
Date \_\_\_\_\_