

MEETING EXPENDITURE REQUEST FORM

Date:	
From:	
	(Submitter's name)
Subject:	Business Event/Meeting Expenditure
То:	Executive Director (or designee)
Business Ev	ent/Meeting:
	(Name of group)
Justification education:	; how event/meeting will further the Foundation's ability to facilitate research and
Attendees:	
	neeting:
Date of meet	ing: Time:
Will the meeting	ng lasts more than two hours or extends through a normal mealtime? check one Yes No
Expenditure	
Payable to (F	Please print full name):
	Signature
Pre-Approva	
	Date
Version: 02/01/2022	