PO BOX 300662 | Kansas City, MO 64130 Phone: 816-921-8311

> Fax: 816-922-4712 www.mvbrf.org

MEETING/CONFERENCE EXPENDITURE REQUEST FORM

A request for support must include a statement about the research/educational rationale for the event; that is, its VA related research/educational purpose that the Foundation's mission/purpose can support. Accompanying documents should include the program, agenda, or topic of discussion and a roster of attendees. When appropriate, the request should tie the meeting to an approved research project.

Date:		<u></u>	
From:			
	(Submitter's name		(Event of Group if
Subject:	Research or Educational Meeting Expenditure-		`
	If Project:		
	(Nar	ne of approved R&D or Educational Committee)	
То:	Executive Director or De	esignee	
How meeting	ng/conference relate to app	proved project:	
Attendees	::		
	_		
meeting: _		From to	
Will the mee	eting lasts more than two hou	rs or extends through a normal mealtime? ci	rcle either Yes No
Expenditur	re:	(even if pre-approved original receipts prior to payment)	s need to be attached
Payable	to (Please print full name):		
Prin	cipal Investigator's Signature		
Foundation	n Management Approval		
Pre-Approval (check one) Y or N	Date:	

Executive Director or Designee

Version: 01/31/2022