

BUSINESS MEETING REIMBURSEMENT REQUEST

PAYEE NAME

ADDRESS

☐ Mail Check

QUESTIONS SHOULD BE ADDRESSED TO

PRINCIPAL INVESTIGATOR

PROJECT ACCOUNT

CALL EXT. FOR PICKUP

EMAIL

DATE OF MEETING

PLACE

CITY & STATE

DURATION OF MEETING

List of each Attendee and Title: *(If required, attach additional list)*

NAME	TITLE	INSTITUTION

☐ Attach additional list if applicable

RESEARCH/EDUCATION PURPOSE OF BUSINESS MEETING, INCLUDING DETAILS OF THE MEETING (ATTACH AGENDA OR FLYER)

Original receipt is required.

I certify that the information provided is accurate and that I have not claimed duplicate reimbursement from any other entity.

Signature of Requestor, if not PI (Required) & Date

My signature below certifies that this expense is in accordance with the restrictions on this account.

Signature of PI or Signature Authority & Date

ACCOUNTING OFFICE USE

EXPENSE ACCOUNT

AMOUNT

DATE RECEIVED

PVARF APPROVAL

Additional Attendees

[illegible]