



BUSINESS MEETING EXPENSE

Date : _____ Check to: _____

Attach receipts for all expenses. Proof of payment is required for reimbursement.

Provide the following details regarding the meeting:

Meeting date: _____ Meeting time: _____ No. of Attendees: _____
Location: _____

List Attendee Names: (or attach a separate sheet)

Brief description of the discussion:

G/L Acct.
8330 \$ _____ Staff Meeting and Training

Please call _____ at extension _____ when check is ready for pickup.

Please mail to address above.

PAVIR Investigator's Signature

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PAVIR Account (10 Characters)