PAVIR

# BUSINESS MEETING EXPENSE

Date : _____ Name: _____

**Attach receipts for all expenses. Proof of payment is required for reimbursement. Please send completed form to Invoices@pavir.org**

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

☐ **ACH Payment** Contact me for bank information.

☐ **Check Payment** Contact me when check is ready for pickup.

☐ **Check Payment** Please mail to address below:

Address: _____

_____

_____

_____

_____
PAVIR Investigator's Signature

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PAVIR Account (10 Characters)