

EXPENDITURE REQUEST FORM

Please complete and send to accounts payable@bvvari.org

Select One:

For vendor purchase requests to be made by BVARI:

Please submit this form for all purchase requests at least 2-3 business days prior to desired purchase date.

For reimbursement requests:

For reimbursement for allowable expenditures paid out-of-pocket, please submit this form with any receipts and, if applicable, shipping confirmation as soon as the shipment has arrived.

For reimbursement request for meals at research-related meetings:

For reimbursement or purchase requests for meals provided at research-related meetings in accordance with BVARI's [Meals at Meetings Guidelines](#) (GSA per diem rates apply). Please complete page 2 of this form and submit with meeting agenda, list of attendees, and all receipts.

For educational events or reimbursement of costs using an education account:

Requires ACOS-E approval below. For educational events, please also attach approved Educational Event Request Form, agenda, list of attendees and all associated receipts.

Date:

BVARI Account Number(s):

Requester/Payee Information (name, email, phone number)

PI Information (name, email, phone number) - If different than requester

Vendor Information if applicable (Name, website, phone number, email)

Shipping Information (recipient name, street address, city, state, ZIP)

Reason for Purchase:

ITEM DESCRIPTION <i>Provide product SKU number when possible</i>	QTY	INDIVIDUAL ITEM COST	TOTAL REQUESTED
*ALL PO REQUESTS WILL INCLUDE FREIGHT COSTS - Actual costs to be added after delivery.			TOTAL

Requester/Payee Signature

BVARI USE ONLY

PI Signature (If different from Requester - not required for BVARI Admin)

BVARI PO #

BVARI Signature:

Research-Related Meetings Expenditure Detail

Please complete this page if you are requesting reimbursement or purchase of meals at research-related meetings.

_____ to _____
 Account Number(s) Date(s) of Meeting Meeting Start/End

➤ Is more than one account going to be used to support this meeting? YES NO

Meeting Details

- Are all receipts accounted for and attached to this form? YES NO
- Was the Principal Investigator(s) in attendance? YES NO
- Final Number of Attendees: _____
- Meeting Agenda

Meal Cost *(Please provide actual cost of meals served at meeting and corresponding receipts. [GSA](#) per diem rates apply).*

MEAL	ACTUAL COST	
	Per person breakdown	Total
Breakfast		
Lunch		
Dinner		
Gratuity		
Subtotal		
Total Direct Cost		

Meal Contribution Allocation *(Please provide actual cost contributed by each account)*

ACCOUNT NUMBER	PI NAME	AMOUNT CONTRIBUTED	ACCOUNT BALANCE	REMAINING BALANCE
TOTAL				