

## Expense Justification Form

*Purpose: To secure pre-approval for business meals, special events, conference fees, travel expenses and other items.*

**This form must be submitted to VPHA a minimum of 2 business days prior to event.**

<b>Date</b>		<b>Cost Center Mgr</b>	
<b>Department</b>		<b>Phone Number</b>	
<b>Cost Center</b>		<b>E-mail Address</b>	

*Forms that have not been filled out correctly or are missing backup, (i.e. conference brochure, list of attendees if applicable) will not be approved.*

**Select Expense Category:**

- Meal/Special Event** includes non-business meals, luncheons, and parties/celebrations.  
*(item #'s 1-5 & 8-20 must be filled out for approval)*
- Travel Expense** includes all travel related items. Each trip should include an estimate for airfare, car rental, hotel, meals, conference and related expenses, if applicable.  
*(item #'s 1-7 & 16-20 must be filled out for approval)*  
 (Travel less than \$1,000 does not require Medical Center pre-approval, unless using R-Funds; Entity Head approval is sufficient.)

**Name of Traveler:** \_\_\_\_\_

- Other** (fill in all items that apply) \_\_\_\_\_  
*(item #'s 12-18 must be filled out for approval)*

<b>1. Date/Dates of Event</b>	<b>2. Location</b>
<b>3. Event Contact Person</b>	<b>4. Phone Number</b>

<b>5. Purpose/Reason for the Event</b>

<b>6. First date away from the office</b>	<b>7. Date returning to the office</b>
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<b>8. Attendees</b> (attach list if more space is needed) If the event is large or an open invitation event, please contact MC Administration to verify whether a list is necessary.

<b>9. Total Expense</b>	<b>10. Number of Attendees</b>	<b>11. Cost per Attendee</b> (Expense divided by # of attendees)
\$		\$

# George Washington University Medical Center

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12. Source of Funds <i>(e.g. External Funds, Budgeted Funds, Funds Transfer)</i>	13. Oracle Alias (Department)	14. Amount (\$)
<b>15. Total</b>		<b>\$</b>

16. Expense Description <i>List descriptions of all expenses</i>	17. Oracle Alias (Department)	18. Amount (\$)
<b>19. Total</b>		<b>\$</b>

**It is understood that these expenses are estimates and do not constitute a guarantee of payment. Actual reimbursements will be made according to GW policies and procedures and as outlined on the Medical Center's Policy Matrix.**

20. Signatures below indicate knowledge of and approval for the item(s) listed above <i>See Signatory Controls for dollar limits</i>		
Signature required from:	Signature	Date Signed
Cost Center Manager		
Department Head		
Entity Fiscal Director		
Entity Head		
Medical Center Administration		
Research (if applicable)		

**Attachments:**

Attach a copy of the brochure if the expense is related to attending or presenting at a professional meeting.  
 Attach any relevant documentation as it pertains to your request.

**Reimbursement:**

A copy of the approved expense justification must accompany the payment request, procurement request, employee reimbursement request, or travel reimbursement form, as applicable.