

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.

Date		Cost Center Mgr	
Department		Phone Number	
Cost Center		E-mail Address	

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)

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

5. Purpose/Reason for the Event

6. First date away from the office	7. Date returning to the office
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8. Attendees (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.

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

George Washington University Medical Center

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Page 2 of 2

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

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

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 Manager		
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.