

**Research Foundation for Mental Hygiene, Inc.
Business Meeting Expense Justification Form**

Principal Investigator: _____

Project/Task/Award Numbers: _____

Project Name: _____

Meeting Location: _____

Meeting Date: _____

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(1) What is the purpose of the business meeting and how does it relate to the program you are proposing pay for the expense? If the meeting was specifically approved or is required by the sponsor attach the documentation.

(2) What is the nature of the expenses that will be incurred (eg: Lunch, breakfast, room charge, transportation, etc)?

(3) What are the projected costs? If a budget has been developed, please attach. If a budget is not available be specific as possible (i.e. 10 people for lunch at \$9.50)

(4) How many people will attend? _____

(5) Who will be attending the meeting? (If a list of attendees is available please attach. If a listing is not available please generally describe who will be in attendance and their affiliation)

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Approvals:

Principal Investigator: _____
Name

Date

Business Officer _____
Name

Date