

*South Florida Veterans Affairs
Foundation for Research and Education, Inc.*

1201 N.W. 16th Street Room # 2A105, Miami, Florida 33125
Phone: (305) 575-3179; Fax: (305) 575-3126
www.varesearchfoundation.org

Non-Travel Reimbursement Request
(non-meeting)

Date: _____

Requestor: _____
(please print)

Amount: _____

To ensure reimbursement pre-approval is highly recommended. Reimbursements are subject to Foundation policy and procedures. If the reimbursement involves items that could be purchased via the PO process then a PO should be used.

Project Name or Administrative Account: _____
(please print)

To: Zunner E. Soliz, Finance Manager or
Luis Gonzalez, Acting Executive Director

Attached is/are **original receipts and receivers/packing lists** for which I seek reimbursement from the South Florida VA Foundation. These charges represent justifiable research, educational or administrative expenses herein specified:

(If additional space is required attach a second sheet)

By signing below the requesting party is certifying that they are not being reimbursed from any other source in breach of the Foundation's "code of ethics" and Internal Revenue Service guidelines on reimbursed employee expenses.

Thank you for your assistance.

Requestor's Signature _____

Checks will be made payable only to the Requestor.*

*If this is the Investigator's first reimbursement from the Foundation a home address and social security number will need to be provided prior to reimbursement.

Pre-approved (circle one) Yes No

Approved by: _____ date: _____