VETERANS HEALTH FOUNDATION

Payment Request/Expense Reimbursement

* All capital equipment and computers/laptop must be purchased directly through VHF. Reimbursement is prohibited.
* Invoices and/or receipts must be attached to request.

Request Date

Project PI(if applicable)

IRB# (if applicable)

VHF account to be used

Payee

Amount Requested

Payee Mailing Address

Description of Goods or Services

Justification for Expenditure

Requestor Signature

Project Approver (if different than Requestor)

VHF Office Use Only

CEO Approval

Funds/budget verified by:

Entered in A/P by:

Date