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**REQUEST FOR REIMBURSEMENT: PRE-PAID EXPENSES
 CONFERENCE REGISTRATIONS**

Date: _____

Requestor: _____ Title: _____

BRCI will draw the requested funds from the following account for disbursement only at the request/approval of designated authority (PI). A Request must be approved and on file to be eligible for reimbursement.

See guidelines in attached Handbook Excerpt for Policy/Procedures regarding eligibility for coverage.

Amount Requested: \$ _____
 Charge advance to Account/Project Name: _____
 BRCI Account #: _____

<i>FOR OFFICE USE ONLY</i>	
CHECK #	_____
POSTED/DATE:	_____
PO #:	_____
QUICKBOOKS	_____
PO MASTERLIST	_____

PLEASE DESCRIBE SPECIFICS OF EXPENDITURE AMOUNTS Attach confirmation of payment: (copy of invoice, proof of payment, & justification for expenditure, etc.)	AMOUNT
TOTAL Requested:	

Make check payable to:

Name	
Address	
City, State, ZIP	
Phone and E-mail address	

I hereby verify that the above expenses were incurred as indicated in the attached documentation.

Signature of Requestor: _____ Date: _____

Principle Investigator/Authorized Person

Print Name: _____ Signature: _____ Date: _____

BRCI Approval: _____ Date: _____
 Executive Director, BRCI