



*Palo Alto Institute for
Research & Education*

P.O. Box V-38 • Palo Alto, CA 94304-0038

BUSINESS MEETING EXPENSE

Date : _____ Check to: _____

Attach receipts for all expenses. Proof of payment is required for reimbursement.

Provide the following details regarding the meeting:

Meeting date: _____ Meeting time: _____ No. of Attendees: _____

Location: _____

Attendees: _____

Brief description of the discussion: _____

G/L Acct.
8330 \$ _____ Staff Meeting and Training

- Please call _____ at extension _____ when check is ready for pickup.
- Please mail to address above.

PAIRE Investigator's Signature

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PAIRE Account (10 Characters)