#### PC CHAIR'S REQUEST FOR PROJECT COMMITTEE EXPEDITING FUNDS

**Note: All meetings must be held at headquarters unless a waiver is requested by Staff and is approved by the Executive Vice President or President of the Society. Justification must be provided.**

## Complete this section if YOU ARE requesting MEETING SPACE at

##  ASHRAE headquarters (if requesting space outside of HQ please note a waiver must be requested by Staff

##  and is approved by the Executive Vice President or President of the Society. Justification must be provided):

##  PC CHAIR’S REQUEST Project Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Proposed Meetings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Meeting Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PC Chair’s Goals for this meeting:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Table 1 – Transportation Expense *(For Completion by PC Chair)***

|  |  |  |
| --- | --- | --- |
|  PERSONS TO RECEIVE REIMBURSEMENT |  CRITICAL ROLE FOR THIS MEETING | MAXIMUM $AUTHORIZATION |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 **Table 2 – Supplemental Information *(For Completion By PC Chair*)**

|  |  |
| --- | --- |
| 1. Hotel Preference (Also Indicate Why the Hotel is Preferred)
 |  |
| 1. Hotel Location, i.e., Airport, Downtown, etc. |  |
| 2. Number of Sleeping Rooms Needed  |  |
| 3. Dates Sleeping Rooms Needed  |  |
| 4. Number of Attendees  |  |
| 5. Number of Meeting Rooms Needed/Meeting  times Each Day |  |
| 6. If Breakout Rooms are Needed, Indicate Dates, Times, Number of Attendees for Each |  |
| 7. Room Set-up,i.e., Conference, Hollow Square, Classroom, Theater, Other  |  |
| 8. Times of Refreshment Breaks Each Day  |  |
| 9. AV Equipment Needed, Set-up, Dates Needed  |  |
| 10. Comments/Special Instructions |  |

**PC Chair’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Please submit original to MOS at ASHRAE headquarters with a copy to your SPLS Liaison).***

1. **Table 3 *(For Completion by MOS)***

|  |  |  |
| --- | --- | --- |
| Expense Type | Estimate *(Based on Past**History of Meeting Costs)* | Actual *(Completed Following* *Meeting Using Invoices)* |
| Transportation |  |  |
| Meeting Room(s) |  |  |
| Equipment |  |  |
| Refreshments |  |  |
| Total |  |  |

MOS to receive approval by: MOS and SPLS Liaison