#### 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