Discretionary Fund Request (Management Account)

Leidos Biomedical Research, Inc.

Please type or print information clearly

Payee

1. Payee Name

Program Information

2. Program Area/Directorate

☐ Advanced Technology Program	☐ Clinical Monitoring Research Program	☐ Facilities Maintenance and Engineering
☐ AIDS and Cancer Virus Program	☐ CRP BDP QA	☐ Financial Management
☐ Applied and Developmental Research	☐ CRP VCMP QA	☐ Human Resources
☐ Basic Science Program	☐ CMO	☐ Information Systems Program
☐ Biopharmaceutical Development Program	☐ Contract Planning and Administration	☐ Laboratory Animal Sciences Program
☐ Chief Administrative Officer (CAO)	☐ Contracts and Acquisitions (ALS)	☐ Research Program Administration
☐ Chief Executive Officer (CEO)	☐ Environment, Health, and Safety	☐ Vaccine Clinical Materials Program

Expense Information

3. Type of Expense (Description)	4. Amount

Category

5. ☐ Employee Relations and Recognitions (550012)
6. ☐ Charitable Contributions/Donations/Memorials (550005) – Attach complete address of organization
7. ☐ Staff Functions/Meals (550081) – Attach complete listing of attendees and affiliations

   Required information for Corporate income tax purposes:

   8. Did this meal/function allow employees to extend their workday beyond the traditional 8-hour workday (i.e., working lunch)? ☐ Yes ☐ No
   9. Was this meal provided to employees who were working overtime? ☐ Yes ☐ No
   10. Were any customers, potential customers, or vendors in attendance? ☐ Yes ☐ No
   11. Was this meal provided to employees while in travel status? ☐ Yes ☐ No

12. ☐ Other (550082)

13. Does this request involve any connection with a political activity (550066) (e.g., payment to a political campaign, party, committee, organization or payment that is indirectly connected to, sponsoring or promoting a political official or organization)? ☐ Yes ☐ No

14. Purpose of Expense

Requester Information

15. First Name	16. Last Name	17. Telephone	18. Date

Director Approval

19. First Name	20. Last Name
21. Signature	22. Date

Review by General Accounting Office

23. Signature	24. Date

******PLEASE ATTACH DETAILED RECEIPTS FOR ALL EXPENDITURES******

Clear Form | Print Form Only | Print Form and Instructions

Discretionary Fund Request (Management Account) – Instructions

Leidos Biomedical Research, Inc.

1. Payee Name – Enter the name of the individual or vendor that should appear on the check.
2. Program Area/Directorate – Select the program area to which the expense should be charged.
3. Type of Expense (Description) – Enter a brief description of the type of expense (i.e., recruitment lunch, supplies).
4. Amount – Enter the amount to be paid.
5. Employee Relations and Recognitions (550012) – This category is for gifts of nominal amounts to recognize employees, lunch to recognize employees, etc. Provide original receipt.
6. Charitable Contributions/Donations/Memorials (550005) – This category is for donations. Include the address of the organization.
7. Staff Function/Meals (550081) – This category is used for staff functions and meals, including recruitment meals, summer staff picnics, meetings, etc. A list of attendees and the original receipt should be provided.
8. Did this meal/function allow employees to extend their workday beyond the traditional 8-hour day (i.e., working lunch) – Check the appropriate Yes or No box.
9. Was this meal provided to employees who were working overtime? – Check the appropriate Yes or No box.
10. Were any customers, potential customers, or vendors in attendance? – Check the appropriate Yes or No box.
11. Was this meal provided to employees while in travel status? – Check the appropriate Yes or No box.
12. Other (550082) – This category is used for expenses that do not fit into one of the previous categories (i.e., supplies, parking fees, greeting cards, etc.). The original receipt should be provided.
13. Does this request involve any connection with a political activity (550066) (e.g., payment to a political campaign, party, committee, or organization or payment that is indirectly connected to, sponsoring or promoting a political official or organization)? Check the appropriate Yes or No box.
14. Purpose of Expense – Enter a description of the expense, including date of the expense, list of attendees, explanations, or other details to be noted.
15. First Name – First name of the person completing this form.
16. Last Name – Last name of the person completing this form. This person will be the contact if there are questions concerning this form.
17. Telephone – Telephone number (include area code) of the person completing this form.
18. Date – The date this form is completed.
19. First Name – First name of the director who will approve this form.
20. Last Name – Last name of the director who will approve this form.
21. Signature – This form requires the signature of the director for the group to which the expense is being charged. In the event that the director is unavailable to sign, the group head's signature will be accepted.
22. Date – Date of the director's signature.
23. Signature – Signature of the person responsible for overseeing the discretionary funds in the General Accounting Office.
24. Date – Date the form was signed in the General Accounting Office.