

**HONORARIA**

To: Biomedical Research Institute of New Mexico

Date:

Please issue a check in the amount of \$ payable to:

Name:

Social Security #:

Address:

City:

State:

Zip:

Full and Complete Justification (Or attach statement if more space is required):

Please charge these expenses to my BRINM research/education account #:

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I certify that this expenditure was necessary to support my VA approved research/education project or activity.

Signature Required by

Principal Investigator:

Date: