



CHECK REQUEST FORM

PAYEE INFORMATION	DATE:
Name: _____	Principal Investigator: _____
Address: _____ _____	Project Account: _____
Telephone No: _____	Mail Direct to Payee Mail Check to: _____ Pickup from DRI Office
TIN or Vendor ID: _____	

Questions should be addressed to: X

Budget Line Item to be Charged	DESCRIPTION OF EXPENSE <small>ATTACH ORIGINAL RECEIPT, INVOICE OR SUPPORTING DOCUMENTS</small>	Amount
Total Amount of Payment		

Research/Education Justification with details:

I certify that the information provided is accurate and that I have not claimed duplicate reimbursement from any other entity.	My Signature below certifies that this expense is in accordance with the restrictions on this account.
Signature of Requestor	Signature of PI (Required)
Date	Date