



CHECK REQUEST FORM

PAYEE INFORMATION		DATE:	
Name:		Principal Investigator:	
Address:		DRI Project Number:	
Telephone No:			
TIN or Vendor ID:			
		Mail Direct to Payee Pick Up from DRI Office	

All expenses must be submitted to DRI within 60 days. Requests older than 60 days will be rejected.

This column internal use only:		Submit to Accounts.Payable@dri-va.org ATTACH ORIGINAL RECEIPT, INVOICE, OR SUPPORTING DOCUMENTS	
Budget Line Item	DESCRIPTION OF EXPENSE	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	Date	Signature of PI or authorized signer (Required)	Date