



CHECK REQUEST FORM

PAYEE INFORMATION	DATE:
Name: _____	Principal Investigator: _____
Address: _____	DRI Project Number: _____

Telephone No: _____	Mail Direct to Payee
TIN or Vendor ID: _____	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 _____ Date _____ (Required)