

## **CHECK REQUEST FORM**

Name: Address: Address: Address: Bril Project Number: Mail Direct to Payee Pick Up from DRI Office  Tilly or Vendor ID:  All expenses must be submitted to DRI within 60 days. Requests older than 60 days will be rejected.  This column internal use only: 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.  Signature of Requestor Date Signature of Requestor Date Signature of PI or authorized signer (required)	PAYEE INFORMATION		DATE:		
Telephone No: TIN or Vendor ID:  All expenses must be submitted to DRI within 60 days. Requests older than 60 days will be rejected.  This column internal use only: 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.  Signature of Requestor Date  Mail Direct to Payee Pick Up from DRI Office  Mail Direct to Payee Pick Up from DRI Office  Mail Direct to Payee Pick Up from DRI Office  Mail Direct to Payee Pick Up from DRI Office  Mail Direct to Payee Pick Up from DRI Office  Amount 60 days will be rejected.	Name:		Principal Investigator:		
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