

CHECK REQUEST FORM

PAYEE INFORMATION		DATE:	
Name: _____		Principal Investigator: _____ Project Account: _____ ☐ Direct to Vendor ☐ Mail Check ☐ Email _____ ☐ Extension for Pickup	
Address: _____			

State/ Zip: _____			
Telephone No: _____			
Questions should be addressed to: _____ X _____			
DESCRIPTION OF EXPENSE			
ATTACH ORIGINAL RECEIPT, INVOICE OR SUPPORTING DOCUMENTS			TOTAL
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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,(Required) _____ Date _____		Signature of PI or signature authority _____ Date _____	
ACCOUNTING OFFICE USE			
EXPENSE ACCOUNT _____ AMOUNT _____		Project # _____	
EXPENSE ACCOUNT _____ AMOUNT _____		Date Received _____	
EXPENSE ACCOUNT _____ AMOUNT _____		PVARF approval _____	