

SUBSCRIPTIONS / PUBLICATIONS REQUEST

PAYEE NAME

ADDRESS

☐ Mail Check

QUESTIONS SHOULD BE ADDRESSED TO

PRINCIPAL INVESTIGATOR

PROJECT ACCOUNT

CALL EXT. FOR PICKUP

EMAIL

NAME OF SOCIETY

MEMBERSHIP FEE

NUMBER OF MONTHS

LIST THE JOURNAL SUBSCRIPTIONS INCLUDED WITH MEMBERSHIP

DESCRIPTION OF RELEVANCE OF THESE JOURNALS TO YOUR RESEARCH

LIST OTHER BENEFITS ASSOCIATED WITH THIS MEMBERSHIP (CONFERENCE DISCOUNTS)

AMOUNT OF PAYMENT

Attach registration/renewal form. Note: subscriptions must indicate a business address for delivery.

I certify that the information provided is accurate and that I have not claimed duplicate reimbursement from any other entity.

Signature of Requestor, if not PI (Required) & Date

My signature below certifies that this expense is in accordance with the restrictions on this account.

Signature of PI or Signature Authority & Date

ACCOUNTING OFFICE USE

EXPENSE ACCOUNT

AMOUNT

DATE RECEIVED

TRAVEL ADVANCE

☐ Yes ☐ No

PVARE APPROVAL