CHECK REQUEST

For payments **directly to vendors** *or* **reimbursement of expenditures** other than those for travel, business meetings, subject payments, consultants or electronic devices. (Use the specialized forms for those expenses.)

Date: _____ Check to: _____

_____

_____

_____

G/L Acct. **Attach receipts for all expenses. Proof of payment is required for reimbursement.**

8050	$ _____	Copy Charges, Printing, Publication, Photo Supplies & Processing
7760	$ _____	Membership Dues & Subscriptions
8030	$ _____	Postage, Shipping & Courier Service
8330	$ _____	Registration Fees
8200	$ _____	Software & Computer (Less than $5000)
6510	$ _____	Research Supplies
8000	$ _____	Office Supplies
8350	$ _____	Telephone and Pagers
8500	$ _____	Equipment (items over $5000)
7700	$ _____	Books
8300	$ _____	Subject Related Costs
8125	$ _____	Subject Travel
	$ _____	_____
	$ _____	_____
	$ -	**Total**

Description (if not obvious from receipts/invoices): _____

_____

☐ Please call _____ at extension _____
when check is ready for pickup.

☐ Please mail to address above.

_____ | | | | | | | | | | |

PAVIR Investigator's Signature | PAVIR Account (10 Characters)

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