

# CHECK REQUEST

Attach original receipt, invoice or supporting documentation.

**VENDOR ADDRESS/PAY TO**

Name:  
Address:  
  
Telephone No:  
Social Security No:

**SHIP TO ADDRESS/REQUESTOR**  
(Incl. name, mail code, bldg, room & street address)

**MAIL CHECK** IF PREPAYING AN EXPENSE ORDER FORM MUST BE ATTACHED.
  **CALL REQUESTOR** CONTACT PERSON WILL BE CALLED WHEN CHECK IS READY.
  **OTHER**

Questions concerning this order should be addressed to: Name: \_\_\_\_\_ Tel. \_\_\_\_\_

Item No.	DESCRIPTION	QTY	ESTIMATED PRICE	
			PER UNIT	TOTAL
<b>RESEARCH JUSTIFICATION:</b>			<b>ORDER TOTAL</b>	▶

**INVESTIGATOR**

PVARF Account:  
Investigator:  
  
MY SIGNATURE BELOW CERTIFIES THAT THIS EXPENSE IS IN ACCORDANCE WITH THE RESTRICTIONS ON THIS ACCOUNT.

\_\_\_\_\_ Date

Account Signature Authority

**FOUNDATION USE ONLY**

\_\_\_\_\_ Date Received \_\_\_\_\_ Expense Account

\_\_\_\_\_ FOUNDATION AUTHORIZATION

\_\_\_\_\_ FOUNDATION AUTHORIZATION

\_\_\_\_\_ Date Paid \_\_\_\_\_ Check #