



CHECK REQUEST

Date: _____ Account name: _____

Check payable to (name): _____ Account #: _____

Check sent to (address): _____

Employee ID number: _____

Y

Mark above if check will be picked up at the UARF Office, GDYR 312. In lieu of address, indicate name and phone number of person to contact when check is ready for pick-up.

			\$

The date, place, and nature of events (dinners, luncheons, etc.) if applicable:

Number of people attending and their relationship to The University of Akron (if applicable):

_____ 3682

_____ must be attached.

It is the responsibility of the initiator to obtain all required approvals in the area provided below. By signing below, you jointly and severally certify that this expenditure has been or will be used for the research-related purpose for which this account was established.

_____ Initiator	_____ Date	_____ Authorized signature	_____ Date
		_____ Dean/Chair/Supervisor (if required)	_____ Date

Forward the original and one copy of this form and your supporting documentation to the attention of the UARF, +2103 (GDYR 312). Retain a copy for your files.