



UNIVERSITY OF AKRON RESEARCH FOUNDATION
CHECK REQUEST FOR TRAVELING EXPENSES

Account name: _____

Account number: _____

Date: _____

Check payable to (name):

Check sent to (address): _____

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.

Date(s) Tra

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Required I am am not covered by personal vehicle insurance.

Name of insurance company: _____

Note

	\$	\$	\$	\$
			Less Advance Received	()
			Net Amount Due	\$

Payee: I hereby certify that 1) the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties, 2) attendance at a conference or convention was directly related to official duties of the agency, 3) any meals or lodging included in a conference or convention registration for my (y) Tj0 71 521 Tm(an) Tj0 70 70 a 71 10 48 h

