



CHECK REQUEST

Date: _____ Account name: _____

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

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.

Employee ID number: _____

			\$

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.