

HEKTOEN INSTITUTE
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CHECK REQUEST FORM

Form Number: _____

TO: ACCOUNTS PAYABLE

PROJECT # (required): _____

TODAY'S DATE: _____

Contact Person Name _____ Phone #: _____

PLEASE MAKE CHECK PAYABLE TO: _____

ADDRESS: _____
 (REQUIRED)

CITY, STATE & ZIP CODE: _____
 (REQUIRED)

SOC. SEC. # (Individual): _____ FEIN #(Co.) _____
 (REQUIRED FOR CONSULTANT SERVICES) (REQUIRED FOR CONTRACTOR SERVICES)

IN THE AMOUNT OF _____ MIP G/L CODE _____ function code: _____

_____ MIP G/L CODE _____ function code: _____

TOTAL _____

FOR THE FOLLOWING PURPOSE(S):

- Reimbursement/individuals
- Consultant Srvcs/Subcontr.
- Sub-contract/Consortium
- Vendor goods (need invoice)
- Other (please be specific)

PLEASE ADD FURTHER DESCRIPTION REGARDING THE NATURE OF THE EXPENDITURE	

ATTACH RELEVANT RECEIPTS FOR REIMBURSEMENT/PAYMENT

Please check one of the following:
 Send enclosure with check
 Please mail check to the above

PRINCIPAL INVESTIGATOR APPROVAL	
SIGNATURE & DATE PLEASE	

 (DATE PICKED UP) (SIGNATURE OF PERSON WHO PICKED UP CHECK)

Hektoen Accounting Office Use Only

DEPT./FUND NAME _____	P.I. _____								
VENDOR # _____ NEW VENDOR? YES OR NO	IF YES, entered ?								
MDSE REC'D BY _____	<table border="1"> <tr><td>Yes or No</td><td>Address</td></tr> <tr><td>Yes or No</td><td>Terms</td></tr> <tr><td>Yes or No</td><td>1099</td></tr> <tr><td>Yes or No</td><td>SS # / FEIN #</td></tr> </table>	Yes or No	Address	Yes or No	Terms	Yes or No	1099	Yes or No	SS # / FEIN #
Yes or No	Address								
Yes or No	Terms								
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Yes or No	SS # / FEIN #								
ENTRY MADE BY _____ FUNCTION CODE _____									
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PAID BY CHECK # _____	CHECK DATE _____								