



## CHECK REQUEST

For payments **directly to vendors** or **reimbursement of expenditures** other than those for travel, business meetings, subject payments, consultants or electronic devices. (Use the specialized forms for those expenses.)

Please send completed form to [Invoices@pavir.org](mailto:Invoices@pavir.org)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

GL Acct.      **Attach receipts for all expenses. Proof of payment is required for reimbursement.**

8050	\$	_____	Copy Charges, Printing, Publication, Photo Supplies & Processing
7760	\$	_____	Membership Dues & Subscriptions
8030	\$	_____	Postage, Shipping & Courier Service
8330	\$	_____	Registration Fees
8200	\$	_____	Software & Computer (Less than \$5000)
6510	\$	_____	Research Supplies
8000	\$	_____	Office Supplies
8350	\$	_____	Telephone and Pagers
8500	\$	_____	Equipment (items over \$5000)
7700	\$	_____	Books
8300	\$	_____	Subject Related Costs
8125	\$	_____	Subject Travel
	\$	_____	_____
	\$	_____	_____
	\$	<u>    -    </u>	<b>Total</b>

Description (if not obvious from receipts/invoices): \_\_\_\_\_

- ACH Payment** Contact me for bank information.
- Check Payment** Contact me when check is ready for pickup.
- Check Payment** Please mail to address below:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PAVIR Investigator's Signature

\_\_\_\_\_  
PAVIR Account (10 Characters)