

HHRI ACCOUNTS PAYABLE CHECK REQUEST FORM

REQUEST NUMBER **1**

Date check is needed. (Standard turnaround is ~2 weeks unless a reasonable date is specified.)

Name of the person or institution who needs to be paid.

Date request is made.

Address for mailing the check.

For individuals to be eligible for reimbursement or business expense, the check must be mailed within 30 days from the date the expense was incurred.

PAYABLE TO: _____
ADDRESS: _____
If applicable (i.e. Patient Incentive Recipients)

DATE of REQUEST: _____
DATE CHECK NEEDED: _____

Payee - Check will be mailed directly to the "payable to" entry

SOCIAL SECURITY #: _____ (if applicable)

ROUTE TO: PAYEE OTHER _____

HHRI IRB APPROVAL #: _____
Institutional Review Board Approval # for research that involves the use of patients.

Other - i.e. if check needs to be given to a specific person

The amount of the check.

AMOUNT \$ _____

PURPOSE: Brief description of purpose of payment. If this is a sponsored account, please explain how this payment benefits the project. Example: "To create pre-clinical models for holding injection lines in place during experiments and ease comfort of models. This benefits the workscope conducted under grant DA123456."

DATE RECEIVED

EXPENSE CODE

PROJECT NUMBER

DOLLAR AMOUNT

DATE APPROVED

Indicate HHRI PROJECT NUMBER that will pay for the expense and dollar amount to be paid. EXPENSE CODE is for accounting use only.

DATE RECEIVED	EXPENSE CODE	PROJECT NUMBER	DOLLAR AMOUNT	DATE APPROVED
TOTAL				

REQUESTED BY: _____

DEPT: _____

AUTHORIZED BY: _____

PHONE NO. _____

MAIL CODE: _____

Person authorizing request sign here. This is the PI on the account or an agent authorized to spend funds on their behalf.

Person completing this form lists their name and contact information as the "requestor".

- Please attach supporting documentation.
- Return check request to: HHRI - GRANTS

ACCOUNT USE ONLY:

MONTH: _____

INVOICE NO. _____

RECEIVED BY A/P:

INVOICE DATE: _____

1099 \$: _____

DUE DATE: _____

A/P REVIEW: _____

Check Stub Description (max 25) _____

G / L Description (max 35) _____

If you have a particular description that you want to appear on the check stub and/or General Ledger you may also complete this field.

HHRI ACCOUNTING:

REVIEW:

CAPITAL EQUIPMENT:

RESP. PARTY:

ASSET #:

DEPR. #:

Note: Supporting documents, such as original, itemized invoices, should be attached as well as an approved Sole Source Justification, Competitive Pricing Checklist, or quote as required by HHRI's procurement policy.