

# Denver Research Institute

## CHECK REQUEST FORM

PAYEE INFORMATION	DATE:
<b>Name:</b> _____ <b>Address:</b> _____ _____ _____ <b>State/ Zip:</b> _____ <b>Telephone No:</b> _____ <b>TIN or Vendor ID:</b> _____	<b>Principal Investigator:</b> _____ <b>Project Account:</b> _____ <input type="checkbox"/> Mail Direct to Payee <input type="checkbox"/> Mail Check to: <input type="checkbox"/> Return Check to DRI Admin <input type="checkbox"/> Extension for Pickup from DRI Admin

Questions should be addressed to: \_\_\_\_\_ X \_\_\_\_\_ Email \_\_\_\_\_

Budget Line Item to be Charged	DESCRIPTION OF EXPENSE <small>ATTACH ORIGINAL RECEIPT, INVOICE OR SUPPORTING DOCUMENTS</small>	Amount
<b>Total Amount of Payment</b>		\$ -

**Research/Education Justification with details:**

I certify that the information provided is accurate and that I have not claimed duplicate reimbursement from any other entity.	My Signature below certifies that this expense is in accordance with the restrictions on this account.
<b>Signature of Requestor (Required)</b> <b>Date</b>	<b>Signature of PI (Required)</b> <b>Date</b>

ACCOUNTING OFFICE USE			
EXPENSE ACCOUNT _____	AMOUNT _____	Project # _____	0
EXPENSE ACCOUNT _____	AMOUNT _____	Date Received _____	
EXPENSE ACCOUNT _____	AMOUNT _____	DRI approval _____	