

Denver Research Institute

REQUEST FOR PAYMENT

Investigator: _____

Account Title/Number: _____

Date: _____

*Payee: _____

Address of Payee: _____

Social Security Number of Payee: _____

Amount of Check: _____

Purpose for Payment: _____

Requestor's Phone #: _____

Special Instructions/mail to: _____

The undersigned person certifies that: (1) all information stated above is accurate; (2) all requests for draws comply with the current Grant Administration Agreement and all rules and regulations of the Foundation; (3) all requests for draws are in compliance with the Grant under which funds are administered, (4) no request for a draw violates any rule or regulation of the Internal Revenue Service; (5) no request for a draw operates in a Foundation to maintain its certification as a 501© (3) Corporation; and (6) no request for a draw is contrary to any State, Federal or local law or ordinance.

If this document is faxed it is to be accepted as the original document.

Signature

Date

For Studies which there is payment to study patients:

Protocol Name: _____

Participant Study #: _____

Enclosure/Documentation (receipts):