



UNIVERSITY OF AKRON RESEARCH FOUNDATION
CHECK REQUEST

Date: _____ Account name: _____

Check payable to (name): _____ Account #: _____

Check sent to (address): _____

Mark above if check will be picked up at the UARF Office, GDYR 312. In lieu of address, indicate name and phone number of person to contact when check is ready for pick-up.

Employee ID number: _____

Invoice Number	Date	Description and Justification (Purpose of Expenditure)	Amount
			\$

The date, place, and nature of events (dinners, luncheons, etc.) if applicable:

Number of people attending and their relationship to The University of Akron (if applicable):

_____ must be attached. **Total amount of the check \$** _____

It is the responsibility of the initiator to obtain all required approvals in the area provided below. By signing below, you jointly and severally certify that this expenditure has been or will be used for the research-related purpose for which this account was established.

Initiator _____ Date _____ Authorized signature _____ Date _____

 Dean/Chair/Supervisor (if required) _____ Date _____

Forward the original and one copy of this form and your supporting documentation to the attention of the UARF, +2103 (GDYR 312).
 Retain a copy for your files.