

Check Request
(Project #'s 30000—99999)

Check Request #: _____

- Research & Sponsored Programs (RESP) Zip 870
 Foundation Administration (Admin) Zip 246

PAYEE: Joe Sample
 987 Every St.

Pick-Up at AS Business Office, Call Ext. 1234

ADDRESS: Anywhere, USA

- Mail to address Shown
 Mail Attachment (Copy Attached)

Date of Request: 8/14/07

**Complete For
Food/Hospitality Expenses:**

Date, Time & Location

Business Purpose & Benefit to Foundation/University

SAMPLE

Attendees
 (If fewer than 10 individuals please list by name otherwise enter the number of attendees)

Please **DO NOT WRITE** IN SHADED AREAS

Amount	Vendor Number	Project	Object	Invoice No.	Total Amount	Invoice Date	¹⁰⁹⁹	2nd. Ref. Or Misc.
214.77		68253	8090	Total amount of expenses for the trip				
20.00			8092					
<132.80>			1461	← Amount advanced, that now needs to be cleared				

101.37

← Total Amount Of Check

NATURE OF EXPENSES: Conference in Sac., CA
 August 14, 2007

Med Dep
 \$
 Available in your Flex Acct.

By signing below, I certify that: all items attached are for official Foundation business, are allowable and allocable to the specific projects listed and all goods/services were received.

 Signature(s) of Project Director or Authorized Representative(s)
 (Signature on file in **RESPI/Admin** Office)

 Signature of Foundation Representative

Campus Zip: 123 Contact Phone & Name: Hope / 1212

CHECK NO:
 DATE: