

**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	<sup>1099</sup>	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: Presenter at Early Childhood Education Conference in Sacramento on August 15, 2013

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: