



CHECK REQUEST FORM

PI/Member Name:		Acct #:		Date:	
Description of Goods or Services: (if equipment, subject payment, member-sponsored meeting expenses, or member travel (local), complete items on reverse as appropriate). Please note that professional services must be pre-authorized by SIBCR administration.					
Type of Payment: (check one)					
<input type="checkbox"/> Direct to Vendor		<input type="checkbox"/> Mail		Payee Information: Name: _____ Address: _____	
<input type="checkbox"/> Reimbursement		<input type="checkbox"/> Pickup ext. _____			
		City:	State:	Zip:	
Attach Invoices or Receipts			Amount of payment: \$ _____		
Identify R&D or EC approved project(s) supported by this expenditure:					
RDIS Project #(s): _____					
Project Title (s): _____					
Justify purpose of this expenditure with detail:					

Signature of Authorized Requestor:					
_____			_____		
SIBCR PI/Member or designee			SIBCR Accounting Approval		
SIBCR Office Use Only					
Date Sent: _____		WA use tax added: Y N NA		Date Entered:	
Sent by: _____ GL Coding: _____					

Equipment/Capital Goods:

Description: _____

Mfg: _____

Contact for questions: _____

Mod: _____

Location (Bldg): _____

Ser#: _____

Room: _____

Phone or ext.: _____

Do not load any illegal (unlicensed) software onto SIBCR or VA owned equipment!

Subject Reimbursement

Subject Fee: (**Note:** for amounts \geq \$600/year, the participant will receive a 1099 Misc.)

Travel: _____

_____ (# of visits) @ \$_____ (cost per visit)

Meals: _____

_____ (# of proc.) @ \$_____ (cost per procedure)

Other (please describe): _____

Social Security Number: _____

PI/Member-Sponsored Local Meeting Expenses for Puget Sound Area (Please use *Travel Authorization Form* for travel outside of the Puget Sound Area):

Meeting Date/Time/Place – enclose announcement or program: _____

Staff Attendees (name): _____

Speaker/Guests (name): _____

Purpose of Meeting (Justify in terms of SIBCR research and related education function):

Costs Claimed (provide appropriate receipts):

Room Rental: \$ _____

Per Diem (M&I): \$ _____ Federal Per Diem see www.sibcr.org

Local Travel (Mileage): \$ _____ Attach ticket or mileage: _____ @55.5/mi

Parking: \$ _____

Other: _____ \$ _____

Total: \$ _____