



Seattle Institute for Biomedical and Clinical Research

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www.sibcr.org

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		
<input type="checkbox"/> Reimbursement		<input type="checkbox"/> Pickup ext. _____		
Payee Information:				
Name: _____		Address: _____		
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 (Air/Mileage): \$ _____ Attach ticket or mileage: _____ @ .50/mi

Parking: \$ _____

Other: _____ \$ _____

Total: \$ _____