



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		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: _____ Mod: _____ Ser#: _____	Contact for questions: _____ Location (Bldg): _____ Room: _____ Phone or ext.: _____
Do not load any illegal (unlicensed) software onto SIBCR or VA owned equipment!	
Subject Reimbursement Travel: _____ Meals: _____ Other (please describe): _____	Subject Fee: (Note: for amounts \geq \$600/year, the participant will receive a 1099 Misc.) (# of visits) @ \$ _____ (cost per visit) (# of proc.) @ \$ _____ (cost per procedure) Social Security Number: _____
PI/Member-Sponsored Local Meeting Expenses for Puget Sound Area (Please use <i>Travel Authorization Form</i> 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:	\$ _____