



UNIVERSITY OF AKRON RESEARCH FOUNDATION
CHECK REQUEST

Date: Account name:

Check payable to (name): Account #:

Check sent to (address):

checkbox

Mark above if check will be picked up at the UARF Office, GDYR 312. In lieu of address, indicate name and phone number of person to contact when check is ready for pick-up.

Employee ID number:

Table with 4 columns: Invoice Number, Date, Description and Justification (Purpose of Expenditure), Amount

The date, place, and nature of events (dinners, luncheons, etc.) if applicable:

Horizontal lines for event details

Number of people attending and their relationship to The University of Akron (if applicable):

Horizontal lines for attendee information

Note: All supporting documentation must be attached.

Total amount of the check \$

It is the responsibility of the initiator to obtain all required approvals in the area provided below. By signing below, you jointly and severally certify that this expenditure has been or will be used for the research-related purpose for which this account was established.

Initiator Date

Authorized signature Date

Dean/Chair/Supervisor (if required) Date

Forward the original and one copy of this form and your supporting documentation to the attention of the UARF, +2103 (GDYR 312). Retain a copy for your files.