EMN ADMINISTRATION

**CHECK REQUEST**

*(Other than Travel or Entertainment Expenses*

|  |  |
| --- | --- |
| Date: |       |
| Name: |       |
| Email: |       |
| Department: |       |

|  |  |  |
| --- | --- | --- |
| Faculty [ ]  | Student [ ]  | Staff [ ]  |
| *Send Payment via (Check One):* |
| EFT [ ]  | Campus Mail [ ]  | US Mail [ ]  |

If US Mail Address:

Vendor :

Purchase Description:

Lab/Research Purpose:

Lab/PI:

**Please Attach Original Receipt(s)**

Total:       Total:       Net Total:

Total:       Total:

Total:       Total:

**FAU**:

 Activity Code Fund Function Code Cost Center Project Code

**PI Signature Required** For Reimbursements off of Grant Fund Accounts

**(Note: Expense must benefit the research funded by this particular grant)**

 Name Signature Date