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