EMN ADMINISTRATION CHECK REQUEST

(Other than Travel or Entertainment Expenses

Date:			Faculty □	Student	Staff □
Name:			Send Payment via (Check One):		
Email:			EFT □	Campus Mail	US Mail □
Depart	ment:				1
	,				
If US I	Mail Address:				
		Please Attach Orig	ginal Receipt(s)		
Total:		Total:	N	et Total:	
Total:		Total:			
Total:		Total:			
FAU:	/	/	/	/	
1110.	Activity Code Fund	1 Function Code	Cost Center	Project Code	
	DI Cianatur	o Dogwinod For Daimhyra	amounts off of Caon	t Fund Aggounts	
		e Required For Reimburse nust benefit the resear			nt)
		/		/	
•	Name	Signature		Date	