

# EMN Administration Check Request

***\*other than travel or food related expenses\****

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Vendor's Name:** \_\_\_\_\_

**Items Purchased:** \_\_\_\_\_

**Research Purpose:** \_\_\_\_\_

(specify how the items will be used for research)

**FAU to Be Charged:** \_\_\_\_\_

(expenses must benefit research funded by this grant)

**PI's Approval:** \_\_\_\_\_

	<b>Receipt 1</b>	<b>Receipt 2</b>	<b>Receipt 3</b>	<b>Receipt 4</b>	<b>Receipt 5</b>
<b>Amount</b>	\$	\$	\$	\$	\$

**PLEASE ATTACH ORIGINAL RECEIPTS**

*(receipts must be itemized and include the method of payment)*