

**CHECK REQUEST**  
**Department of Cell Biology**  
**& Physiology**

CR # \_\_\_\_\_

Date \_\_\_\_\_

|  |                         |       |       |  |  |
|--|-------------------------|-------|-------|--|--|
| <b>1. Payee Information</b>  | Prepared By             |       | Phone |  | <b>Employees or Students</b><br>Employee ID or Student ID<br><br>_____<br><b>REQUIRED for Employees/Students</b><br>(Do not use Social Security Numbers)             |
|  | Name to Appear on Check |       |       |  |  |
|  | Address or Campus Box   |       |       |  | <b>Non-Employees or Vendors</b><br>SSN or TIN<br><br>_____ (Individuals)<br>EIN<br><br>_____ (Unincorporated Entities)<br><br><b>REQUIRED for Payment Processing</b> |
|  | City                    | State | Zip   |  |  |
| Check Distribution Instructions<br><br>*if send check to, please list name and location: |                         |       |       |  |  |

|                         |  |
|-------------------------|--|
| <b>2. Justification</b> | Reason for Business Expenditure (Include who, what, when, where and why) |
|                         |  |

| <b>3. Accounts</b> | Account to be Charged (LCDEPT-BUOB-FUND NUMBER) | SR Code (if applicable) | Amount |
|--------------------|---|-------------------------|--------|
|                    |   |                         |        |
|                    |   |                         |        |
|                    |   |                         |        |
|                    |   |                         |        |
| <b>TOTAL</b>       |   |                         |        |

|                                      |  |      |
|--------------------------------------|--|------|
| <b>4. Approvals</b>                  | <b>I hereby certify that all of the information on this form is true and correct to the best of my knowledge. By signing this check request, the approver is indicating that he/she reviewed all expenses to be reimbursed to the employee and that they are in compliance with all aspects of the check request policy. If the expenditure is funded by a GRANT or CONTRACT, the approver further certifies that the expenditure complies with all applicable cost principles and regulations of the sponsoring entity.</b> |      |
|                                      | Payee  |      |
|                                      | Signature  | Date |
|                                      | Principal Investigator or Designee (if grant funds are being used)   |      |
|                                      | Signature  | Date |
| Business Manager or Department Chair |  |      |
| Signature                            | Date   |      |