



# CHECK REQUEST FOR GRANT EXPENSES

**SEND TO: GRANTS ACCOUNTANT (CB 2900)**

VENDOR INFORMATION	
CHECK PAYABLE TO: _____	DATE: _____
ADDRESS: _____	DATATEL ID: _____
_____	<i>or</i>
	SSN/ FEDERAL ID: _____

<b>CHECK DISTRIBUTION:</b>	US Mail	Campus Mail: CB#	Pickup:
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ACCOUNT TITLE	ACCOUNT NUMBER (12 Digits)	AMOUNT
<b>TAX:</b>		
<b>TOTAL:</b>		

<b>DESCRIPTION</b> <i>(Include purpose, participant's names and explanation of expenditures. Attach additional sheets if necessary):</i>

GRANT INFORMATION
<b>Principal Investigator:</b> _____
<b>Granting Agency:</b> _____
<b>Title of Project:</b> _____

**CHECK REQUESTS MUST BE APPROVED BY THE GRANTS ACCOUNTANT PRIOR TO BEING PROCESSED IN ACCOUNTS PAYABLE. BYPASSING THE GRANTS ACCOUNTANT COULD RESULT IN THE EXPENDITURES BEING CHARGED TO YOUR DEPARTMENTAL BUDGET.**

REQUIRED SIGNATURES	
_____ <i>Principal Investigator</i>	_____ <i>Printed Name</i>
_____ <i>Department Chair- up to \$999</i>	_____ <i>Printed Name</i>
_____ <i>Associate Deans- up to \$1,999</i>	_____ <i>Printed Name</i>
_____ <i>Academic Deans- up to \$2,999</i>	_____ <i>Printed Name</i>
_____ <i>Associate Provost- up to \$14,999</i>	_____ <i>Printed Name</i>
_____ <i>Provost or VP of Business, Finance &amp; Technology- up to \$24,999</i>	_____ <i>Printed Name</i>
_____ <i>Grants Accountant</i>	_____ <i>Printed Name</i>