



# CHECK REQUEST FOR GRANT EXPENSES

**SEND TO: SENIOR GRANT ACCOUNTANT (CB 2900)**

VENDOR INFORMATION	
CHECK PAYABLE TO: _____	DATE: _____
ADDRESS: _____ _____	UNIVERSITY 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 SENIOR GRANT ACCOUNTANT PRIOR TO BEING PROCESSED IN ACCOUNTS PAYABLE. BYPASSING THE SENIOR GRANT ACCOUNTANT COULD RESULT IN THE EXPENDITURES BEING CHARGED TO YOUR DEPARTMENTAL BUDGET.**

REQUIRED SIGNATURES	
Principal Investigator- up to \$2,500 (unless a personal reimbursement)	Printed Name
Department Chair- up to \$2,500	Printed Name
Directors- up to \$5,000	Printed Name
Deans- up to \$10,000	Printed Name
Assistant or Associate Provost/Vice President- up to \$15,000	Printed Name
Vice President- up to \$25,000	Printed Name
Senior Grant Accountant	Printed Name