



CHECK REQUEST FOR GRANT EXPENSES

SEND TO: SPONSORED PROGRAMS (osp@elon.edu)

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

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

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

GRANT INFORMATION
Principal Investigator: _____
Granting Agency: _____
Title of Project: _____

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

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