



# Palo Alto Institute for Research & Education

P.O. Box V-38 · Palo Alto, CA 94304-0038

## CHECK REQUEST

For payments **directly to vendors** or **reimbursement of expenditures** other than those for travel, business meetings, subject payments, consultants or electronic devices. (Use the specialized forms for those expenses.)

Date: \_\_\_\_\_ Check to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G/L Acct. **Attach receipts for all expenses. Proof of payment is required for reimbursement.**

8050	\$	_____	Copy Charges, Printing, Publication, Photo Supplies & Processing
7760	\$	_____	Membership Dues & Subscriptions
8030	\$	_____	Postage, Shipping & Courier Service
8100	\$	_____	Registration Fees
8200	\$	_____	Software & Computer (Less than \$5000)
6510	\$	_____	Research Supplies
8000	\$	_____	Office Supplies
8350	\$	_____	Telephone and Pagers
8500	\$	_____	Equipment (items over \$5000)
7700	\$	_____	Books
8300	\$	_____	Subject Related Costs
8125	\$	_____	Subject Travel
	\$	_____	
	\$	_____	
	\$	_____	<b>Total</b>

Description (if not obvious from receipts/invoices): \_\_\_\_\_

- Please call \_\_\_\_\_ at extension \_\_\_\_\_ when check is ready for pickup.
- Please mail to address above.

\_\_\_\_\_  
PAIRE Investigator's Signature

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PAIRE Account (10 Characters)