



**UNIVERSITY OF AKRON RESEARCH FOUNDATION
CHECK REQUEST FOR TRAVELING EXPENSES**

Account name: _____

Account number: _____

Date: _____

Check payable to (name):

Check sent to (address): _____

Y

Mark above if check will be picked up at the UARF Office, GDYR 312.
In lieu of address, indicate name and phone number of person to contact when check is ready for pick-up.

Date(s) Tra

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Required I am Y am not Y covered by personal vehicle insurance.

Name of insurance company: _____

Note

	\$	\$	\$	\$
Less Advance Received				()
Net Amount Due				\$

Payee: I hereby certify that 1) the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties, 2) attendance at a conference or convention was directly related to official duties of the agency, 3) any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim, 4) and that this claim is true and accurate in every material way.

It is the responsibility of the initiator to obtain all required approvals in the area provided below. By signing below, you jointly and severally certify that this expenditure has been or will be used for the research-related purposes for which this account was established.

Payee Signature: _____ Title: _____ Total amount of check: \$ _____
