

NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.

REQUEST FOR PAYMENT

(Complete all but shaded areas)

Accounts Payable Department
1050 Massachusetts Avenue
Cambridge, MA 02138

VENDOR NUMBER		CHECK NUMBER	CHECK DATE				
VENDOR NAME							
ADDRESS							
ADDRESS							
CITY, STATE, ZIP							
CHARGE THE FOLLOWING ACCOUNTS:							
Project, Grant or Conference Name	Project/Grant/Conf Number					Object Code	Amount
	Project	Yr	Sub	Addl	-	Code	
	xxxxx	. xx	. xx	. xx	-	xxxx	
TOTAL AMOUNT OF CHECK							
EXPLANATION							
NBER Procurement Policy <u>Check all that apply:</u>							
1.) Micro purchase (up to \$9,999)	<input type="checkbox"/>	(no additional documentation required)					
2.) Small purchase (\$10,000 to \$249,999)	<input type="checkbox"/>						
3.) Sealed bid (\$250,000 or more)	<input type="checkbox"/>	Procurement Bid	<input type="checkbox"/>	on file	<input type="checkbox"/>	attached	
4.) Competitive proposal (\$250,000 or more)	<input type="checkbox"/>	and Disclosure Forms					
5.) Sole source (\$10,000 or more)	<input type="checkbox"/>	Sole Source Justification and Disclosure Forms	<input type="checkbox"/>	on file	<input type="checkbox"/>	attached	
Payments for Professional Services (object code 6600) and Subcontracts (object code 7700)							
1.) Consultant Contracts (6600)	<input type="checkbox"/>	Contract on file	<input type="checkbox"/>	Contract attached			
2.) Agreement for Research Services (6600)	<input type="checkbox"/>	Agreement on file	<input type="checkbox"/>	Agreement attached			
3.) Sub-Award Contract (7700)	<input type="checkbox"/>	Sub-Award Agreement on file	<input type="checkbox"/>	Sub-Award Agreement attached			
PERSON REQUESTING CHECK <small>In signing this I certify that these expenses are not being reimbursed by any other organization.</small>							DATE
APPROVAL SIGNATURE							DATE