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 NUMBER				CHECK DATE		
VENDOR NAME								
Hotel Marlowe								
ADDRESS								
ADDRESS								
CITY, STATE, ZIP								
CHARGE THE FOLLOWING ACC	OUNTS:		1/0 1/0			01: /		
Project, Grant or Conference Name		Project	ect/Grant/Conf Numbe Yr Sub		Addl	Object - Code	Amount	
		xxxxx	. xx	. <u>xx</u>	. xx	- xxxx	_ 	
Hotel Marlowe (EEE)		19100	19	20	00	7320	\$ 41,819.02	
						- 7325	\$ 1,747.81	
Hotel Marlowe (Real)		19100	. 19	. 22	. 00	. 7320	\$ 25,878.78	
_		_				. 7325	\$ 1,138.94	
Hotel Marlowe (Urb)		19100	. 19	. 39	. 00	₋ 7320	\$ 20,257.91	
				. —		₋ 7325	\$ 1,727.76	
	-					- <u></u>		
						- <u></u>	-	
				·	·			
TOTAL AMOUNT OF CHE							\$ 92,570.22	
EXPLANATION								
NBER Procurement P	olicy Check all	that apply:						
1.) Micro purchase	(up to \$9,999)	(no addit	ional document	ation required)			
2.) Small purchase	(\$10,000 to \$249,999)	Ī						
						on file	attached	
4.) Competitive proposal (\$250,000 or more) and Disclosure Forms							ш	
4.) Competitive proposal (\$250,000 of more)						on file	attached	
						Off file	attacrieu	
Payments for Profess	ional Services (object co _	de 6600) and Sul —	ocontracts (object code 	⊋ 7700)			
1.) Consultant Contracts (6	600)	Contract on file		Contract	attached			
2.) Agreement for Researc	h Services (6600)	Agreement on file	[Agreeme	nt attached			
3.) Sub-Award Contract (77	700)	Sub-Award Agree	ment on file	Sub-Awa	rd Agreemen	nt attached		
PERSON REQUESTING CHECK In signing this I certify that these expenses are not being reimbursed by any other organization.							DATE	
APPROVAL SIGNATURE							DATE	

Revised 07/2018