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	Prog/ Dept	-	Project/Grant/Conf Number: Project	.	Yr	.	Sub	.	Addl	-	Funding Source	-	Object Code	Amount
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													TOTAL AMOUNT OF CHECK	

EXPLANATION

PERSON REQUESTING CHECK **In signing this I certify that these expenses are not being reimbursed by any other organization.** DATE

APPROVAL SIGNATURE DATE

Revised 06/2015