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							
ADDRESS							
ADDRESS							
CITY, STATE, ZIP							
CHARGE THE FOLLOWING ACCOUNTS:							
Project, Grant or Conference Nai					Object Code	Amount	
	XXXXX	xx	. <u>xx</u> .		XXXX		
Flexi-Fringe Payable	00000	00			2010		
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				TOTAL	AMOUNT OF CHECK	\$0.00	
EXPLANATION					_		
Flexi-Fringe reimbursement for plan	year: 20						
		Depende	nt Care cla	aims subtot	al \$		
		Optional	Benefit (M	ledical) claii	ms subtotal \$		
PERSON REQUESTING CHECK In signing this I cer	tify that these expenses are not being	reimbursed by ar	y other organi	zation.	DATE		
	,		,	-		12/15/2015	
APPROVAL SIGNATURE					DATE	12/10/2010	