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 NAME	ACCOUNT NUMBER PROG.	PROJECT	SUB	YEAR	SOURCE	PI	OBJECT CODE	AMOUNT
Flexi-Fringe Payable	00	0000	00	0	00	000	2010	

TOTAL AMOUNT OF CHECK $

EXPLANATION

Flexi-Fringe reimbursement

Dependent Care Claims Subtotal: $

Calendar Year of Expenses Submitted: _ _ _ _ Optional Benefit Claims Subtotal: $

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

APPROVAL SIGNATURE DATE

Revised 5/2005