You must use Adobe Acrobat READER to fill out this form.

Request for Issuance of Check (RFIC) Form

1. Original receipts must be stapled to the back of this form.
2. Checks will be issued in US Dollars.
3. Electronic transfers (wires) can be sent in any currency.
4. Attach an addressed envelope for checks sent to a party other than the payee listed below

---

Payee Information

Payee: _____ Date: _____

Business Address or Mailtop: _____

Mailing Address if Different from Above: _____

Employee ID: _____

Payment Explanation & Business Purpose (Staple original receipts to back of form)

Project ID	Resource Category (select one)	Invoice Date	Invoice No.	Amount ($)	CA Sale Tax ($)	Shipping Charges ($)	Total ($)
						GRAND TOTAL:	

Preparer Information and Signatures

Prepared by: _____ Preparer's Phone No.: _____

I certify these expenses are alllowable and incurred for the official business of Berkeley Lab in accordance with policy. The expenses claimed are not reimbursed by others**.**

I certify these expenses are allowable and represent official Berkeley Lab business to be charged to the projects listed.

_____

Payee's signature *(Not required for vendors)*

Date: _____

_____

Approver's signature *(For control purposes, the Payee cannot be the Approver)*

Date: _____

CFO Approver: _____

*Quote Permit No. SRCH 21-835970 for sales tax waiver.

_____

Print name of approver
(Approver must be authorized in the SAS.)