## 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 ACC	COUNTS:								
Project, Grant or Conference Name		Project/Grant/Conf Number Project Yr Sub Addl				Object - Code Amount			
- Froject, Grant or C	Joinerence Name	XXXXX	. XX	. XX	. XX		XXX	Amount	
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					TOI	TAL AMOUNT	OF CHECK		
EXPLANATION								-	
NBER Procurement P	Policy Check all th	at apply:							
1.) Micro purchase	(up to \$9,999)	(no additio	nal document	ation required)					
2.) Small purchase	e (\$10,000 to \$249,999)	]							
3.) Sealed bid (\$250,000 or more) Procurement Bid on file							Γ	attached	
4.) Competitive pro	oposal (\$250,000 or more)		and Disclos	ure Forms	,	_	_	_	
5.) Sole source (\$	10,000 or more)	Sole Sour	ce Justification	n and Disclosur	e Forms	on file	Г	attached	
Payments for Profess	sional Services (object code	e 6600) and Sub	contracts (	object code	7700)		_	=	
Consultant Contracts (6)	5600)	Contract on file	ſ	Contract a	ttached				
1.) Consultant Contracts (6600)  Contract on file  Contract attached  2.) Agreement for Research Services (6600)  Agreement on file  Agreement attached									
3.) Sub-Award Contract (7700) Sub-Award Agreement on file Sub-Award Agreement attached  PERSON REQUESTING CHECK In signing this I certify that these expenses are not being reimbursed by any other organization.								ATE	
in any ming that i vertary that diese expenses are not being reimbursed by any other organization.									
APPROVAL SIGNATURE							D/	ATE	

Revised 07/2018