

**NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.**  
**REQUEST FOR PAYMENT**  
 (Complete all but shaded areas)

Accounts Payable Department  
 1050 Massachusetts Avenue  
 Cambridge, MA 02138

<b>VENDOR NUMBER</b>		<b>CHECK NUMBER</b>	<b>CHECK DATE</b>
----------------------	--	---------------------	-------------------

**VENDOR NAME**

**ADDRESS**

**ADDRESS**

**CITY, STATE, ZIP**

CHARGE THE FOLLOWING ACCOUNTS:

<b>Project, Grant or Conference Name</b>	<b>Project/Grant/Conf Number</b>				<b>-</b>	<b>Object Code</b>	<b>Amount</b>
	<b>Project</b>	<b>Yr</b>	<b>Sub</b>	<b>Addl</b>			
	<b>xxxxx</b>	<b>. xx</b>	<b>. xx</b>	<b>. xx</b>	<b>-</b>	<b>xxxx</b>	
TOTAL AMOUNT OF CHECK							

**EXPLANATION**

---



---



---



---



---

PERSON REQUESTING CHECK <b>In signing this I certify that these expenses are not being reimbursed by any other organization.</b>	DATE
APPROVAL SIGNATURE	DATE