



Loma Linda Veterans Association for Research

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Check Request

Date: _____ Authorized By: _____
 Title: _____

**All purchases must be related to research and explained below- otherwise request will be denied.*
***All documentation for item to be purchased needs to be attached.*
****All receipts must be sent to accounting upon purchase.*

Project Information	Type of Payment (check one)
LLVARE Project Number _____	Direct to Vendor _____
P.I. Name _____	Reimbursement _____
Department _____	Mail _____

Payee Information	
Name	_____
Address	_____
City	_____
State	_____
Zip	_____

Product Description	
Description	Amount

Research Purpose or Justification (Must be filled out or Request will be denied)

LLVARE office use only:	
Purchasing:	Mileage Verified:
AP:	
Scanned:	Approved: