

**School of Medicine
Check Transmittal Form**

PI: _____ **Department:** _____

Sponsor: _____ **Payor:** _____
(if different from sponsor)

Title of Project: _____

Protocol Number: _____
(required)

Check Number: _____ **Check Date:** _____
(mm/dd/yyyy)

Amount of Check: \$ _____

New Account needed?: (if yes check here)

Project #

Award #

Org #

Principal Investigator Signature
Date: _____
(mm/dd/yyyy)

Research Administrator Signature
Date: _____
(mm/dd/yyyy)

Grants and Contracts Reviewer Signature
Date: _____
(mm/dd/yyyy)

