

MichiganTech

HSR Check Request Form

Department: _____

Section 1

Name: _____
Last First Middle

Address: _____

Phone: (H) _____ (W) _____

Address where you want the check mailed (if different than above):

Michigan Technological University is an equal opportunity educational institution/equal opportunity employer.

Section 2 - For department use only.

Amount of check: _____ Index: _____ Account Code: E252

- I acknowledge the Receipt of Compensation Form has been completed for the person named in Section 1 above and is on file in my office.*
- I acknowledge the W-9 Form has been provided to the person named in Section 1 above and they have been instructed to complete and forward it to the appropriate Michigan Tech Office.*

PI Approval Signature: _____ Date: _____

Printed Name: _____