



Request for Issuance of Check (RFIC) Form

1. Submit to Accounts Payable, Non-PO Desk, Mailstop 971-AP
2. Include original itemized receipts
3. Vendor must have Form W-9 (U.S. vendors) or Form W-8 BEN (Foreign vendors) on file with LBNL prior to payment

Employee / Payee Information

Payee: _____ Date: _____

Business Address or Mailstop: _____

Mailing Address if Different from Above: _____

Trip Number (if applicable): _____ Employee ID (if applicable): _____

Payment Explanation/Business Purpose/Remittance Advice Information

Project ID	Resource Category	Invoice Date	Invoice No.	Total Amount (\$)
TOTAL ACTUAL COST:				

Event/M meal Costs

EVENT ID (from Event Approval Database): _____

ORIGINAL approved estimate TOTAL: \$ _____

*Provide a brief explanation if TOTAL **ACTUAL COSTS** exceeded the approved estimate and/or the allowable limit:

FOOD AND BEVERAGE COSTS FOR **ONSITE EVENTS** (incl. tax & tip):

Was the TOTAL ACTUAL COST per person/per meal within the allowable limit? Yes No*

Onsite Allowable Limits (Delivery Charges Do Not Apply)	Location	Refreshments (a.m. or p.m.)	Lunch	Dinner
	Oakland/Berkeley	\$14.75	\$20.00	\$41.00
	Walnut Creek	\$14.75	\$20.00	\$46.00

Contact / Approver Information

Prepared By: _____

Preparer's Phone No.: _____

I certify these expenses are allowable and incurred for the official business of Berkeley Lab in accordance with policy. The expenses claimed are not reimbursed by others.

Payee's Signature (not required for vendors)

Date: _____

I certify these expenses are allowable and represent official Berkeley Lab business to be charged to the projects listed.

Approver's Signature (cannot be requesting employee)

Date: _____

Print Name of Approver (must be authorized in the SAS)

OCFO Approver