

JSA
THOMAS JEFFERSON NATIONAL ACCELERATOR FACILITY
12000 Jefferson Avenue
Newport News, VA 23606
Phone: (757) 269-7573

Purchase Order No. _____

Date: _____

Check Disbursement Request

Please Type or Print:

Make Check Payable to: _____

_____ Check is to be mailed _____

_____ Check is to be picked up by _____

Amount of Check \$ _____ DOE State SURA

Reason for Disbursement: _____

Date Check Needed By: _____

(48 hours upon receipt of accurately completed and approved check request form)

Employee Signature: _____

Project

Org

Account

_____ - _____ - _____

Proj/Org Approval: _____

(Print Name)

Proj/Org Approval: _____

(Signature)

Finance Approval: _____