

**JEFFERSON SCIENCE ASSOCIATES (JSA)**  
**THOMAS JEFFERSON NATIONAL ACCELERATOR FACILITY**  
**Atten: Accounts Payable, VARC RM 9**  
**628 Hofstadter Road, Suite 4**  
**Newport News, VA 23606**  
**Phone: (757) 269-7573**

Purchase Order No. \_\_\_\_\_

Date: \_\_\_\_\_

Check Disbursement Request

Please Type or Print:  
Make Check Payable to: \_\_\_\_\_

\_\_\_\_\_ ACH/Direct Deposit \_\_\_\_\_

\_\_\_\_\_ Check is to be mailed \_\_\_\_\_

\_\_\_\_\_ Check is to be picked up by \_\_\_\_\_ Ext. \_\_\_\_\_

Amount of Check \$ \_\_\_\_\_ (Circle One)  
DOE / State / JSA

Reason for Disbursement: \_\_\_\_\_

\_\_\_\_\_  
Date Check Needed By: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_

Project	Org	Account	Amount
_____	- _____	_____	_____

Proj/Org Approval: \_\_\_\_\_

**(Print Name)**  
Proj/Org Approval: \_\_\_\_\_  
**(Signature)**

CFO Approval: \_\_\_\_\_