



MCGUIRE RESEARCH INSTITUTE, INC.

Research Service (151)

1201 Broad Rock Boulevard

Richmond, Virginia 23249

Method for Delivery of Check

US Mail ___ Pick up ___ MRI Mailbox ___

Person requesting check _____

WorkExt: _____

Cell #: _____

Reimbursement Form for ALL Payments

Make Check Payable to:	SSN: _____ <small>needed for Patient Pays Only</small>
FIRST NAME: _____	LAST NAME: _____
HOME ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
STUDY NAME: _____	
AMOUNT TO BE PAID:	ADDITIONAL DETAILS:
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>	

NAME OF ACCOUNT BEING CHARGED: _____

REASON FOR PAYMENT: _____

Please check the single most appropriate category:

- Research-Related Activities:** All expenditures must be directly related to peer-reviewed, approved research or educational activities.
- Patient-Related Activities:** Education activities for veterans, families or guardians used for improving knowledge, skills, attitudes or satisfaction of veterans, families, guardians and community partners.
- Employee-Related Activities:** All expenditures must be for activities to improve performance of current duties, assist employees in maintaining or gaining specialized work-related proficiencies, or expand the understanding of advances or changes in patient care, technology, or health care administration.

**ACCOUNT HOLDER SIGNATURE

DATE

****No signature needed for patient pays**