

RICHMOND INSTITUTE FOR VETERANS RESEARCH	Method for Delivery of Check	
Research Service (151)	US Mail Pick up MRI Mailbox	
1201 Broad Rock Boulevard	Person requesting check	
Richmond, Virginia 23249	WorkExt:	
	Cell #:	
Poimburgement Form for ALL Payments		

## **Reimbursement Form for ALL Payments**

Make Check Payable to:		SSN:
FIRST NAME:	LAST NAME:	needed for Patient Pays Only
HOME ADDRESS:		
CITY:	STATE:	ZIP:
STUDY NAME:		
		ADDITIONAL DETAILS:
AMOUNT TO BE PAID:		

## 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 peerreviewed, 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 \*\***No signature needed for patient pays DATE

Form #RIVR255 Revised 8/1/2023