

**DISCRETIONARY ACCOUNT**

**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**

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

Check Disbursement Request

Please Type or Print:

Make Check Payable to: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Amount of Check \$ \_\_\_\_\_ **DISCRETIONARY**  
(Name of Discretionary Fund Owner)

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

Date Check Needed By: \_\_\_\_\_  
(minimum of 48 hours upon receipt of accurately completed and approved check request form) Normal processing is on Friday

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

Discretionary Fund (Project) Approval: \_\_\_\_\_  
**(Print Name)**

Discretionary Fund (Project) Approval: \_\_\_\_\_  
**(Signature)**

To be completed by Finance                      Project                      Org                      Account  
\_\_\_\_\_ -                      JSALLC -                      609

Finance Approval: \_\_\_\_\_