



**Date Submitted      Date Required      Requested By      Telephone      GLAVREF Fund #**

**Payment for Services**  
(Invoice Attached with SS#/Tax ID)

**Reimbursement**  
(Original Receipts Attached)

**Patient Study  
Payment**  
(Patient SS#/ and Address)

**Payment of Invoice or  
Order Placement**  
(Attach original invoice or order form)

**Date Paid      Amount Paid      EFT to Account #  
(For Zelle – user email or phone)      Telephone      VA Project #**

**Description/Research Justification      Amount**

**Total**

**Payee Name      Mailing Address      Social Security Number:  
(Required for Patient and Consultant Payments)**

**Special Payment Instructions      Mail Directly      Hold for Pickup**

**GLAVREF Required Authorized Signature**

**Contact Name  
Telephone  
Picked Up By**

**For GLAVREF Use Only**

**Date Paid      Amount Paid      Check Number/EFT #      Office Notes**