CHEMICAL MANUFACTURERS ASSOCIATION

CHECK REQUISITION

Format for contract payments

FILE COPY

[redacted]

Applied Epidemiology Inc.
P.O. Box 2424
Amherst, MA 01004

Date: **July 15 1997**

Amount: **$36,875.00**

[redacted]

DESCRIPTION OF ITEM OR SERVICE			AMOUNT
Contract#: **VCHC-4.0-EPI-UPDATE**			
Payment covering Invoice **CM97-0707**			
(Initial/Number/Final)	(Number or Time Period)		
Funds Withheld Prior to Final	Original Amount Authorized	**$346,225.00**	
	Additions Via Amendments	**$91,170.00**	
	Total Amount Authorized	**$437,395.00**	
	Less Previous Payments	**$325,170.00**	
	Current Balance	**$112,225.00**	
	This Payment	**$36,875.00**	**$36,875.00**
	New Balance	**$75,350.00**	

Does any of the total represent a lobbying expenditure? Yes:		Amount:	No: ✓
Date Required: **July 7 1997**	G/L Account No. **887-10**		
Requested By: **Wendy Sherman** *Wendy K. Sherman*			
Approved By Director (Up to $5,000): **Has Shah**			
Approved By Vice President (Up to $10,000): **C. Price**		Executive Vice President (Over $10,000):	
Approved By President (Over $50,000):			
Additional Approval:			
Approval By Treasurer (Over $10,000):			

Revised 7/96

Note: Attach appropriate supporting documentation and after obtaining approvals, forward to accounting. **You should retain a copy for your records.**

kreq.frp/

CMA 170984