

**MDL 1657: VIOXX PRODUCTS LIABILITY LITIGATION  
CHECK REQUEST FORM FOR SHARED EXPENSE**

		<b>GENERAL CHECK REQUEST INFORMATION</b>
1.	<b>Date:</b>	
2.	<b>I am requesting a check from:</b>	Plaintiffs' Liaison Counsel, Russ M. Herman
3.	<b>Payable To:</b> (Name & Address)	
4.	<b>Social Security # or TIN # of the payee:</b>	
5.	<b>Invoice No.:</b>	
6.	<b>Date check needed (check one):</b>	Now ____ 30 Days ____ 60 Days ____ 90 Days ____ Other ____
7.	<b>Purpose of Check:</b>	
8.	<b>Amount of Check:</b>	
9.	<b>Documentation<sup>1</sup></b>	Yes: _____ No: _____
10.	<b>Send Check To (check one):</b>	Requestor _____ OR Payee _____
11.	<b>Requesting Attorney's Signature<sup>2</sup></b>	

**Liaison Counsel Accounting Use Only:**

Check # \_\_\_\_\_

Approved by Plaintiffs' Liaison Counsel: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Documentation must be provided with check request.

<sup>2</sup> By signing this request, you certify that the expense request is properly documented, complete and accurate and is being incurred for the common benefit.