SHOCK THE WORLD

WICHITA STATE UNIVERSITY FOUNDATION

FOUNDATION REQUISITON FOR EXPENDITURE

Requesting Department:

Date:

Payee Status

Payee & Address:

Description

Invoice #	Invoice Date	Acctng. Use	Amount	Fund #

TOTAL 0.00

Authorized By: Date:

Authorized By: Date:

Prepared By:

Box:

Phone:

Mail to Payee

Return to Preparer

Call for Pickup

name & number

Other notes from you:

Submit to: ACCOUNTS PAYABLE, BOX 2

Questions to : Jenny @ x3802