WICHITA STATE UNIVERSITY
FOUNDATION

FOUNDATION REQUISITION FOR EXPENDITURE

Requesting Department:	Date:

Payee & Address:	Payee Status:
	Student

Description:

Invoice#	Invoice Date	Amount	Acct Use	Fund #
	Total:	0.00		

Authorized By: _____ Date

Authorized By: _____ Date

Prepared By:	
Box:	
Phone/ Ext:	

Return Check To: (select one)	
Mail to Payee:	☐
WSU Postal Svcs Org/Fund:	
Return to Preparer:	☐
Call for Pickup:	☐

*note: must include postal svcs org/fund if mailing to payee

Other notes from you:

Submit via e-mail: foundation.ap@wichita.edu
or by campus mail: Foundation Accounts Payable, Box 2

Questions to : foundation.ap@wichita.edu