

FOUNDATION REQUISITION FOR EXPENDITURE

Requesting Department:

Date:

Payee & Address: Update Address

Payee Status:

Description:

Invoice#	Invoice Date	Amount	Acct Use	Fund #
Total:		0		

Authorized By: Date:

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Prepared By:	<input style="width: 85%;" type="text"/>
Box:	<input style="width: 85%;" type="text"/>
Phone/ Ext:	<input style="width: 85%;" type="text"/>

Return Check To: (select one)	
Mail to Payee:	<input style="width: 40%;" type="text"/>
WSU Postal Svcs Org/Fund:	<input style="width: 40%;" type="text"/>
Return to Preparer:	<input style="width: 40%;" type="text"/>
Call for Pickup:	<input style="width: 40%;" type="text"/>

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

Other notes from you:

Reminders:

New Vendor: W9

Meal/ hospitality/ entertainment expenses include: Name and affiliate for attendance list, purpose, receipt

RU Reimbursements include: RU fund and org number