REQUISITION FOR EXPENDITURE



→ Requesting Department: Payee & Address:			
DESCRIPTION			
NVOICE# IN\	OICE DATE AMOUNT	Account Use	FUND #
	Total:		
→ Signatures			
	Authorized By		Date
	Authorized By		Date
PREPARED BY:		RETURN CHECK TO (SELECT C	DNE):
Box:		Mail to Payee WSU Postal Svcs Org/Fund:*	
PHONE/EXT:		Return to Preparer Call for Pickup	*Note: Must include postal svcs org/fund if mailing to payee
OTHER NOTES FROM YOU:			
REMINDERS:	includ	hospitality/ entertainment expenses e: Name and affiliate for attendance irpose, receipt	RU Reimbursements include: RU fund and org number