

REQUISITION FOR EXPENDITURE

➔ **Requesting Department:** _____ **DATE:** _____

PAYEE & ADDRESS: _____

PAYEE STATUS:

Vendor
Employee
Student
Others :

Update Address _____

DESCRIPTION

INVOICE #	INVOICE DATE	AMOUNT	ACCOUNT USE	FUND #

TOTAL:

➔ Signatures

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:

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