REQUISITION FOR EXPENDITURE

→	Requesting Department:			DATE:			
PAYEE & ADDRESS:					Vendor Employee Student Others :		
Des	SCRIPTION						
INV	OICE # IN	OICE DATE AN	40UNT	Account Use	Fund #		
		Total:					
 >	Signatures						
	2	Authorized By			Date		
		Authorized By			Date		
	PREPARED BY: Box:			RETURN CHECK TO (SELEC Mail to Payee WSU Postal Svcs Org/Fur			
	PHONE/EXT:			 Return to Preparer Call for Pickup 	*Note: Must include postal svcs org/fund if mailing to payee		
	HER NOTES Om You:						
RE	MINDERS:) New Vendor: W9	include: N	pitality/ entertainment expenses ame and affiliate for attendance se, receipt	RU Reimbursements include: RU fund and org number		

Submit via email O foundation.ap@wichita.edu or by campus mail O Foundation Accounts Payable, Box 2 | Questions? foundation.ap@wichita.edu