

REQUISITION FORM



WICHITA STATE UNIVERSITY
FOUNDATION AND
ALUMNI ENGAGEMENT

➔ Requesting Department: _____ DATE: _____

PAYEE & ADDRESS: _____

PAYEE STATUS: Vendor
Employee
Student
Others :

Update Address

PAYEE CONTACT: _____

| Invoice # or WSU Fund/ORG | Invoice Date | Amount | Account # | Fund# | Description |
|------------------------------|--------------|--------|-----------|-------|-------------|
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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 (GU request will be declined)