REQUISITION FOR EXPENDITURE



→ Requesting Department:			DATE:		
PAYEE & ADDRESS: Update Address			PAYEE Contact Information		PAYEE STATUS Vendor Employee Student
DESCRIPTION					
INVOICE # or WSU Fi	ınd & Org	INVOICE DATE	Amount	Account Use (Foundation use only)	FUND#
		Total:			
		ertify that the expenses co to the best of my knowled			
Signatures	Authorized By (Print and sign name for handwritten signature)		Date		
	Authorized	i By		Date	
PREPARED BY:			RETURN CHECK TO (SELECT ONE): Mail to Payee		
Box:			WSU Postal Svo	cs Org/Fund:*	
Phone/Ext:			Return to Prepa		st include postal services nd if mailing to payee
OTHER NOTES			Call for Pickup	org/tur	iu ii iiiaiiiiig to payee