

Western University

of Health Sciences

PAYMENT REQUISITION

Payee an employee? Yes _____ No _____ Work Study Student? Yes _____ No _____

Name:	ID:	Tax I.D.#
Street		Requester:
City/State/Zip+4		Department:
All fields required. Incomplete forms will be returned to requester resulting in delay of payment. **Only under special circumstances will checks be allowed to be picked up by individuals.		Campus Extension:
		Payment date: _____
		Payment type:
		Check _____
		Electronic _____
		Credit card _____

** Department check is to be returned

FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount

Requester (signature)	Date	Subtotal: <u>0.00</u>
Dept. Supervisor (please print)	Date	Sales Tax: <u>0.00</u>
Dept. Supervisor (signature)		Shipping: <u>0.00</u>

**Justification for check pickup:

	Total: <u>0.00</u>