

Western University

of Health Sciences

PAYMENT REQUISITION

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

Name:	ID:	Tax I.D.#
Street		Requester:
		Department:
City/State/Zip+4		Campus Extension:
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.		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: 0.00

Sales Tax: 0.00

Dept. Supervisor (please print)

Date

Shipping: 0.00

Dept. Supervisor (signature)

**Justification for check pickup:

Total: 0.00