Western University

***of Health Sciences***

# PAYMENT REQUISITION

##  Payee an employee? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_\_ Work Study Student? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

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

 \*\* **Department check is to be returned**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FUND** | **ORG** | **ACCT** | PROG | ACTV(optional) | **DESCRIPTION** | **Amount** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | **Subtotal:** |  |  |
| **Requester (signature)**  |  | **Date** |  |  |  |  |
|  |  |  |  | **Sales Tax:** |  |  |
|  |  |  |  |  |  |  |
|  **Dept. Supervisor (please print)** |  | **Date** |  | **Shipping:** |  |  |
|

|  |
| --- |
|  |
| **Dept. Supervisor (signature)** |

 |  |  |  |  |  |  |
| **\*\*Justification for check pickup:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  | **Total:** |  | **\_\_\_\_\_\_\_\_\_\_\_** |

 **Office use only** payment date:\_\_\_\_\_\_\_\_\_\_\_