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** |
|  | |  |  |  |  | |  | | | |  |
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|  | |  |  |  |  | |  | | | |  |
|  | | | | | |  |  |  | **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:\_\_\_\_\_\_\_\_\_\_\_