REQUEST OF CHECK ISSUANCE
REGISTERED STUDENT ORGANIZATION

WASHINGTON STATE UNIVERSITY
ACCOUNT NAME
ACCOUNT #

APPROVED FOR PAYMENT:

SIGNATURE OF AUTHORIZED STUDENT DATE

SIGNATURE OF AUTHORIZED ADVISOR DATE

VENDOR OR CLAIMANT
NAME
ADDRESS
CITY/STATE/ZIP CODE
WSU ID #, TAXPAYER ID #, OR SOCIAL SECURITY #*

CHECK HANDLING: (CIRCLE ONE)

MAIL TO CLAIMANT

HOLD FOR PICK-UP

INVOICE #	DESCRIPTION	RHA/PR#	AMOUNT
840-04-17C-6680-03-VP - -_____-81		**TOTAL**	

INSTRUCTIONS:

1. Please Type or Print information except signatures.
2. Detach Pink copy and retain for your records.
3. Attach Supporting Documentation to Original and Yellow copy
4. Submit Original and Yellow copy to Administrative Services, CUB Room 60 (335-1085)

*The IRS requires WSU to report vendor earnings to the IRS pursuant to 26 CFR 301.6109 et seq. Thus, vendors requesting payment from WSU must provide a social security number if they cannot provide a WSU ID No. or a Taxpayer ID No. WSU will use number to report vendor earnings to the IRS and for no other purpose.

VENDOR #	APPROVED RSO ACCOUNTANT:	
	Payment Request #	Voucher #