

WPI CHECK REQUEST

Attach Original Invoice - no copies

(Authorization for payment, verification of receipt of goods or services)

Payable to: _____
 Vendor #: _____
 Seq #: _____
 Remit to address: _____

For Accounting Use Only

Due: _____
 Doc #: _____
 1099: Y or N

If payment to non-employee individual/partnership
 Tax ID#/SS#: _____

Indicate if Credit Memo: _____
 (Must be on a separate request)
 PO Number: _____

SPECIAL HANDLING INSTRUCTIONS (Enter "X")

Mail with enclosure Send to WPI Box _____ Attn: _____
 Send to Dept. _____ Call _____ @ ext. _____ for pickup

Purpose/Description:

Attach documentation and original receipts

INVOICE #	INVOICE DATE	AMOUNT

TOTAL

CHARGE TO: (may list one or multiple foapals)

FUND	ORG	ACCOUNT	ACTIVITY	AMOUNT

TOTAL

Receipt of travel advances: I agree to submit an expense report upon completion of trip or expenditures. If not settled within 60 days from date I received above advance or return from travel, WPI may deduct the amount from my payroll check.

 Financial Manager Approval Date

 Originator Signature Date

 Controller's Office Approval Date

Property Management