

WPI Check Request

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

PLEASE TYPE OR PRINT:

Payable to:

Remit to Address:

For Accounting Use Only

Due _____ / _____ / _____

Doc# _____

V# _____

Seq# _____ 1099: Y or N

If payment to non-employee individual / partnership
Tax ID# / Social Security #:

Indicate if Credit Memo:
(if Credit – Prepare separate request)
PO Number

SPECIAL HANDLING INSTRUCTIONS: (Check desired option)

Mail w/enclosure

Send to Dept.

(do not abbreviate)

Send to WPI Box

Call

@ Ext:

for pick-up

Purpose / Description:

Attach documentation and original receipts

INVOICE #	INVOICE DATE	AMOUNT
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FOAPAL Distribution: (May list one or multiple foapals)

Total:

FUND	ORG	ACCOUNT	ACTIVITY	AMOUNT
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Total of invoices must equal total foapal distribution **Total:**

Recipients 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