



SOUTHWESTERN UNIVERSITY
CHECK REQUISITION

OFFICE USE ONLY:

INITIATOR: _____

VOUCHER # _____

DATE: _____

VENDOR # _____

CHECK PAYABLE TO: _____

*FOR A NEW VENDOR, A W9
MUST BE SUBMITTED WITH
REQUISITION BEFORE CHECK
WILL BE ISSUED.*

(LIMIT NAME AND ADDRESS TO NO MORE THAN 4 LINES)

TYPE:

☐ INVOICE

☐ PURCHASE ORDER # _____

☐ DIRECT PAY

☐ REIMBURSEMENT

☐ ADVANCE

☐ REGISTRATION

☐ SUBSCRIPTION

☐ OTHER

DELIVERY:

☐ MAIL

☐ HOLD FOR PICK UP

☐ OTHER: _____

DESCRIPTION:

AMOUNT: _____

SPECIAL INSTRUCTIONS/REQUESTS:

REQUISITIONS RECEIVED AFTER 12 NOON ON MONDAY MAY NOT BE PROCESSED UNTIL THE FOLLOWING WEEK.

APPROVALS:

ACCOUNT NUMBER

Budget Officer's Printed Name

(Include complete 11 digit account number)

Budget Officer's Signature

President's Staff or ITS Approval

For Business Office Use Only:

FALSE Reviewed EPLS

FALSE Vendor Listed

FALSE Vendor Not Listed

Grant Accountant Approval