

**Western University  
of Health Sciences  
PAYMENT REQUISITION**

Payee an employee? ☐ Yes ☒ No      Work Study Student? ☐ Yes ☒ No

ID@

Name

Tax ID/SS#

Address

Requester

Trinidad Cisneros

City

State

Zip Code

Department

College of Vet Medicine

Campus Extension

5557

Payment Date

6/18/2020

Payment Type

Electronic

Country

All fields required. Incomplete forms will be returned to requester resulting in payment delay.

\*\*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
					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$0.00
						\$750.00

Trinidad Cisneros

Requester Name



Requester Signature

Date:

6/17/20

Subtotal:

\$750

Sales Tax

\$0.00

Shipping

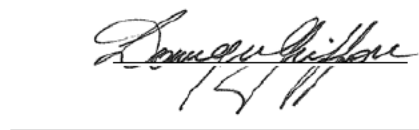
\$0.00

Total

\$750

Dominique Griffon

Requester 2 or Supervisor Name



Date:

6/17/20

Signature of Requester  
2 or Supervisor

Office use Only: \_\_\_\_\_

Justification for  
check pickup:

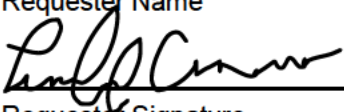
Payment date: \_\_\_\_\_

**Western University  
of Health Sciences  
PAYMENT REQUISITION**

Payee an employee? ☐ Yes ☒ No      Work Study Student? ☐ Yes ☒ No

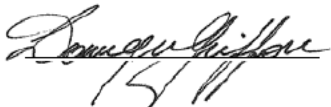
ID@	<input type="text"/>	Tax ID/SS#	<input type="text"/>
Name	<input type="text"/>	Requester	Trinidad Cisneros
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Country	<input type="text"/>		
All fields required. Incomplete forms will be returned to requester resulting in payment delay. **Only under special circumstances will checks be allowed to be picked up by individuals <input type="checkbox"/> **Department check is to be returned.		Department	College of Vet Medicine
		Campus Extension	5557
		Payment Date	6/18/2020
		Payment Type	Electronic

FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
2					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$725

Trinidad Cisneros  
Requester Name  
  
Requester Signature

Date:

Subtotal:	\$725
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$725

Dominique Griffon  
Requester 2 or Supervisor Name  
  
Signature of Requester 2 or Supervisor

Date:

Justification for check pickup:

Office use Only: \_\_\_\_\_  
Payment date: \_\_\_\_\_