

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

ID@

Name Tax ID/SS#

Address Requester

City State Zip Code Department

Country Campus Extension

Payment Date

Payment Type

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

Subtotal: \$750

Date:

Sales Tax \$0.00

Shipping \$0.00

Total \$750

Requester 2 or Supervisor Name

Date:

Signature of Requester
2 or Supervisor

Justification for check pickup:

Office use Only:

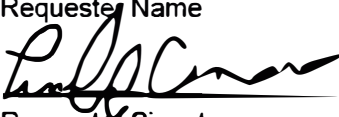
Payment date:

**Western University
of Health Sciences
PAYMENT REQUISITION**


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

ID@	<div style="border: 1px solid black; background-color: black; width: 100px; height: 15px;"></div>		
Name	<div style="border: 1px solid black; background-color: black; width: 100px; height: 15px;"></div> <div style="border: 1px solid black; background-color: black; width: 50px; height: 15px;"></div>	Tax ID/SS#	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Address	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	Requester	<div style="border: 1px solid black; background-color: black; width: 100px; height: 15px;"></div> <div style="border: 1px solid black; background-color: black; width: 50px; height: 15px;"></div>
City	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	Department	College of Vet Medicine
State	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	Zip Code	<div style="border: 1px solid black; width: 50px; height: 15px;"></div>
Country	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	Campus Extension	5557
<small>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.</small>		Payment Date	6/18/2020
		Payment Type	Electronic

FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
	<div style="border: 1px solid black; background-color: black; width: 100px; height: 15px;"></div>				CVM Summer Scholars Research Program - Stipend Installment 2 of 4	

	Subtotal:	\$1625
Requester Name		
	Date:	6/17/20
Requester Signature		
	Sales Tax	\$0.00
	Shipping	\$0.00
	Total	\$1625
Dominique Griffon		

Requester 2 or Supervisor Name

 Date: 6/17/20

Signature of Requester
2 or Supervisor

Justification for
check pickup: _____

Office use Only:

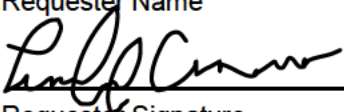
Payment date:

**Western University
of Health Sciences
PAYMENT REQUISITION**

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

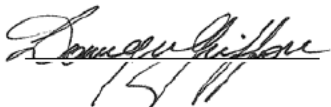
ID@	<input type="text"/>	Tax ID/SS#	<input type="text"/>
Name	<input type="text"/>	Requester	Trinidad Cisneros
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Country	<input type="text"/>		
All fields required. Incomplete forms will 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
					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$0.00
						\$750.00

Trinidad Cisneros
Requester Name

Requester Signature

Date:

Subtotal:	\$750
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$750

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date:

Justification for check pickup:

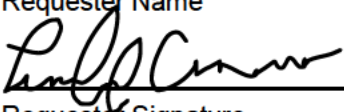
Office use Only: _____
Payment date: _____

**Western University
of Health Sciences
PAYMENT REQUISITION**

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

ID@	<div style="background-color: black; width: 100px; height: 15px;"></div>		
Name	<div style="background-color: black; width: 100px; height: 15px;"></div> <div style="background-color: black; width: 100px; height: 15px;"></div>	Tax ID/SS#	
Address			
City		State	
		Zip Code	
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 <input type="checkbox"/> **Department check is to be returned.			
Requester	Trinidad Cisneros		
Department	College of Vet Medicine		
Campus Extension	5557		
Payment Date	6/18/2020		
Payment Type	Electronic		

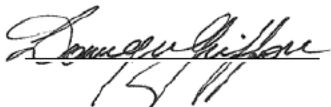
FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$1,250.00

Trinidad Cisneros
Requester Name

Requester Signature

Date:

6/17/20

Subtotal:	\$1250
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1250

Devendra K. Agrawal
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date:

6/17/20

Justification for check pickup:

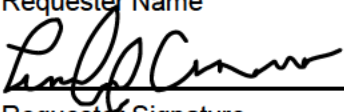
Office use Only: _____
Payment date: _____

**Western University
of Health Sciences
PAYMENT REQUISITION**

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

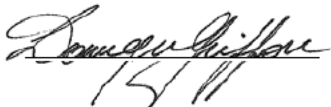
ID@	<input type="text"/>	Tax ID/SS#	<input type="text"/>
Name	<input type="text"/>	Requester	Trinidad Cisneros
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Country	<input type="text"/>		
All fields required. Incomplete forms will 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
					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$1,250.00

Trinidad Cisneros
Requester Name

Requester Signature

Date:

Subtotal:	\$1250
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1250

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date:

Justification for check pickup:

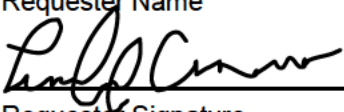
Office use Only: _____
Payment date: _____

**Western University
of Health Sciences
PAYMENT REQUISITION**

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

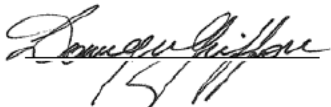
ID@	<input type="text"/>	Tax ID/SS#	<input type="text"/>
Name	<input type="text"/>	Requester	Trinidad Cisneros
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Country	<input type="text"/>		
All fields required. Incomplete forms will 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	\$1625

Trinidad Cisneros
Requester Name

Requester Signature

Date:

Subtotal:	\$1625
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1625

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date:

Justification for check pickup:

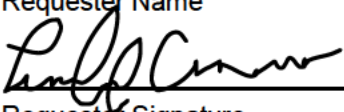
Office use Only: _____
Payment date: _____

**Western University
of Health Sciences
PAYMENT REQUISITION**

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

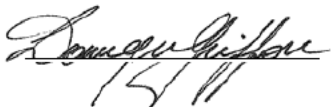
ID@	<input type="text"/>		
Name	<input type="text"/>	Tax ID/SS#	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Country	<input type="text"/>		
<small>All fields required. Incomplete forms will be returned to requester 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.</small>		Requester	Trinidad Cisneros
		Department	College of Vet Medicine
		Campus Extension	5557
		Payment Date	6/18/2020
		Payment Type	Electronic

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

Trinidad Cisneros
Requester Name

Requester Signature

Date:

Subtotal:	\$1625
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1625

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date:

Justification for check pickup:

Office use Only: _____
Payment date: _____

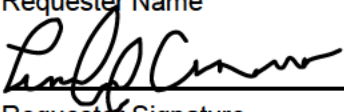
**Western University
of Health Sciences
PAYMENT REQUISITION**

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

ID@	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Tax ID/SS#	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Name	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Requester	Trinidad Cisneros
Address	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
City	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	State	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Zip Code	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Department	College of Vet Medicine
Country	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
Campus Extension		5557	
Payment Date		6/18/2020	
Payment Type		Electronic	

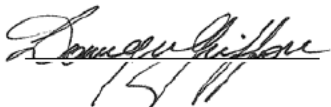
All fields required. Incomplete forms will be returned to requester resulting in payment delay.
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☐ **Department check is to be returned.

FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$0.00
						\$250.00

Trinidad Cisneros
Requester Name

Requester Signature

Date: 6/17/20

Subtotal:	\$250
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$250

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester
2 or Supervisor

Date: 6/17/20

Justification for
check pickup:

Office use Only: _____
Payment date: _____

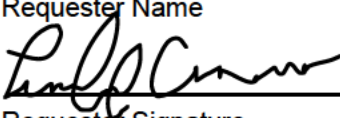
**Western University
of Health Sciences
PAYMENT REQUISITION**

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

ID@	<div style="background-color: black; width: 100px; height: 15px;"></div>	Tax ID/SS#	<div style="background-color: black; width: 100px; height: 15px;"></div>
Name	<div style="background-color: black; width: 100px; height: 15px;"></div>	Requester	Trinidad Cisneros
Address	<div style="background-color: black; width: 100px; height: 15px;"></div>		
City	<div style="background-color: black; width: 100px; height: 15px;"></div>	State	<div style="background-color: black; width: 100px; height: 15px;"></div>
Zip Code	<div style="background-color: black; width: 100px; height: 15px;"></div>	Department	College of Vet Medicine
Country	<div style="background-color: black; width: 100px; height: 15px;"></div>		
Campus Extension		5557	
Payment Date		6/18/2020	
Payment Type		Electronic	

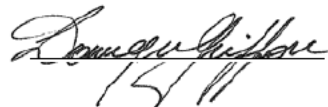
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☐ **Department check is to be returned.

FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$1,250.00

Trinidad Cisneros
Requester Name

Requester Signature

Date: 6/17/20

Subtotal:	\$1250
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1250

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date: 6/17/20

Justification for check pickup:

Office use Only: _____
Payment date: _____

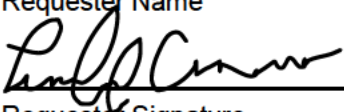
**Western University
of Health Sciences
PAYMENT REQUISITION**

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

ID@	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Tax ID/SS#	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Name	<div style="background-color: black; width: 150px; height: 1.2em;"></div>	Requester	Trinidad Cisneros
Address	<div style="background-color: black; width: 100%; height: 1.2em;"></div>		
City	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	State	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Zip Code	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Department	College of Vet Medicine
Country	<div style="background-color: black; width: 100%; height: 1.2em;"></div>		
Campus Extension		5557	
Payment Date		6/18/2020	
Payment Type		Electronic	

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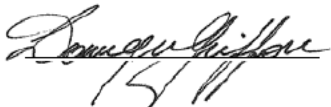
FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$1,250.00

Trinidad Cisneros
Requester Name

Requester Signature

Date:

6/17/20

Subtotal:	\$1250
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1250

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester
2 or Supervisor

Date:

6/17/20

Justification for
check pickup:

Office use Only: _____
Payment date: _____

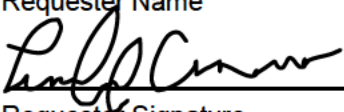
**Western University
of Health Sciences
PAYMENT REQUISITION**

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

ID@	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Tax ID/SS#	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Name	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Requester	Trinidad Cisneros
Address	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
City	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	State	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Zip Code	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Department	College of Vet Medicine
Country	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
Campus Extension		5557	
Payment Date		6/18/2020	
Payment Type		Electronic	

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.

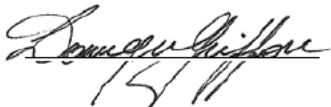
FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$1250

Trinidad Cisneros
Requester Name

Requester Signature

Date:

6/17/20

Subtotal:	\$1250
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1250

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester
2 or Supervisor

Date:

6/17/20

Justification for
check pickup:

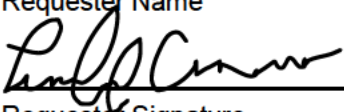
Office use Only: _____
Payment date: _____

**Western University
of Health Sciences
PAYMENT REQUISITION**

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

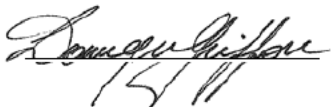
ID@	<input type="text"/>	Tax ID/SS#	<input type="text"/>
Name	<input type="text"/>	Requester	Trinidad Cisneros
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Country	<input type="text"/>		
All fields required. Incomplete forms will 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
12682V-1395-70912-20					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$0.00 \$750.00

Trinidad Cisneros
Requester Name

Requester Signature

Date:

Subtotal:	\$750
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$750

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date:

Justification for check pickup:

Office use Only: _____
Payment date: _____

***Western University
of Health Sciences***
PAYMENT REQUISITION

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

ID@

Name

Address

City

State

Zip Code

Tax ID/SS#

Requester

Department

Campus Extension

Payment Date

Payment Type

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.

Trinidad Cisneros

College of Vet Medicine

5557

6/18/2020

Electronic

FUND	ORG	ACC				

Trinidad Cisneros

Date: 6/17/20

Subtotal: \$500

Sales Tax	\$0.00
------------------	---------------

Shipping \$0.00

Total	\$500
--------------	--------------

Dominique Griffon

Date: 6/17/20

Signature of Requester
2 or Supervisor

Office use Only: _____

Payment date:_____

Justification for
check pickup:

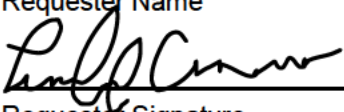
**Western University
of Health Sciences
PAYMENT REQUISITION**

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

ID@	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Tax ID/SS#	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Name	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Requester	Trinidad Cisneros
Address	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
City	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	State	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Zip Code	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Department	College of Vet Medicine
Country	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
Campus Extension		5557	
Payment Date		6/18/2020	
Payment Type		Electronic	

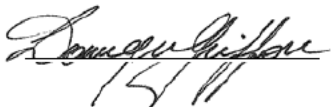
All fields required. Incomplete forms will be returned to requester resulting in payment delay.
**Only under special circumstances will checks be allowed to be picked up by individuals
☐ **Department check is to be returned.

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

Signature of Requester
2 or Supervisor

Date: 6/17/20

Justification for
check pickup:

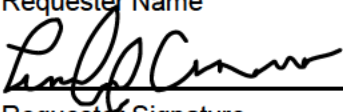
Office use Only: _____
Payment date: _____

**Western University
of Health Sciences
PAYMENT REQUISITION**

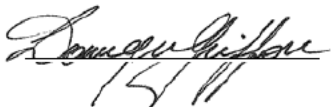
Payee an employee? ☐ Yes ☒ No Work Study Student? ☐ Yes ☒ No

ID@	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
Name	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Tax ID/SS#	
Address			
City		State	
		Zip Code	
Country			
<small>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.</small>		Requester	Trinidad Cisneros
		Department	College of Vet Medicine
		Campus Extension	5557
		Payment Date	6/18/2020
		Payment Type	Electronic

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

Signature of Requester
2 or Supervisor
Date: 6/17/20

Justification for
check pickup:

Office use Only: _____
Payment date: _____

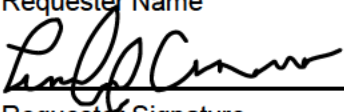
**Western University
of Health Sciences
PAYMENT REQUISITION**

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

ID@	<div style="background-color: black; width: 100px; height: 15px;"></div>	Tax ID/SS#	<div style="background-color: black; width: 100px; height: 15px;"></div>
Name	<div style="background-color: black; width: 100px; height: 15px;"></div>	Requester	Trinidad Cisneros
Address	<div style="background-color: black; width: 100px; height: 15px;"></div>		
City	<div style="background-color: black; width: 100px; height: 15px;"></div>	State	<div style="background-color: black; width: 100px; height: 15px;"></div>
Zip Code	<div style="background-color: black; width: 100px; height: 15px;"></div>	Department	College of Vet Medicine
Country	<div style="background-color: black; width: 100px; height: 15px;"></div>		
Campus Extension		5557	
Payment Date		6/18/2020	
Payment Type		Electronic	

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.

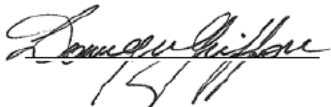
FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
26					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$1250

Trinidad Cisneros
Requester Name

Requester Signature

Date:

6/17/20

Subtotal:	\$1250
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1250

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date:

6/17/20

Justification for check pickup:

Office use Only: _____
Payment date: _____

**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
2					CVM Summer Scholars Research	\$872.75
					Program - Stipend Installment 2 of 4	
1						\$377.25

Trinidad Cisneros

Requester Name



Requester Signature

Date:

6/17/20

Subtotal:

\$1250

Sales Tax

\$0.00

Shipping

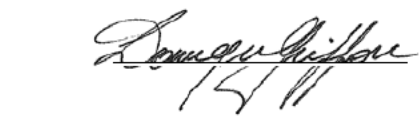
\$0.00

Total

\$1250

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: _____

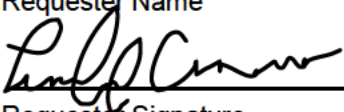
**Western University
of Health Sciences
PAYMENT REQUISITION**

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

ID@	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Tax ID/SS#	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Name	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Requester	Trinidad Cisneros
Address	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
City	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	State	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Zip Code	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Department	College of Vet Medicine
Country	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
Campus Extension		5557	
Payment Date		6/18/2020	
Payment Type		Electronic	

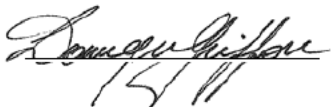
All fields required. Incomplete forms will be returned to requester resulting in payment delay.
**Only under special circumstances will checks be allowed to be picked up by individuals
☐ **Department check is to be returned.

FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
2					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$1250

Trinidad Cisneros
Requester Name

Requester Signature

Date: 6/17/20

Subtotal:	\$1250
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1250

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date: 6/17/20

Justification for check pickup:

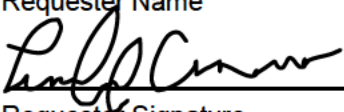
Office use Only: _____
Payment date: _____

**Western University
of Health Sciences
PAYMENT REQUISITION**

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

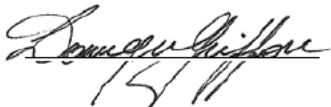
ID@	<input type="text"/>		
Name	<input type="text" value="a"/>	Tax ID/SS#	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Country	<input type="text"/>		
<small>All fields required. Incomplete forms will be returned 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.</small>		Requester	<input type="text" value="Trinidad Cisneros"/>
		Department	<input type="text" value="College of Vet Medicine"/>
		Campus Extension	<input type="text" value="5557"/>
		Payment Date	<input type="text" value="6/18/2020"/>
		Payment Type	<input type="text" value="Electronic"/>

FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
2					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$1250

Trinidad Cisneros
Requester Name

Requester Signature

Date:

Subtotal:	\$1250
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1250

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date:

Justification for check pickup:

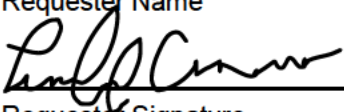
Office use Only: _____
Payment date: _____

**Western University
of Health Sciences
PAYMENT REQUISITION**

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

ID@	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
Name	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Tax ID/SS#	
Address			
City		State	
		Zip Code	
Country			
<small>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.</small>		Requester	Trinidad Cisneros
		Department	College of Vet Medicine
		Campus Extension	5557
		Payment Date	6/18/2020
		Payment Type	Electronic

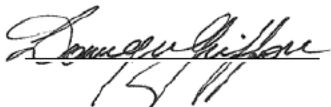
FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$1,250.00

Trinidad Cisneros
Requester Name

Requester Signature

Date:

6/17/20

Subtotal:	\$1250
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1250

Devendra K. Agrawal
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date:

6/17/20

Justification for check pickup:

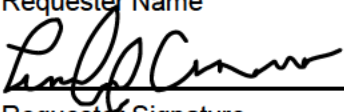
Office use Only: _____
Payment date: _____

**Western University
of Health Sciences
PAYMENT REQUISITION**

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

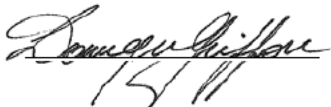
ID@	<input type="text"/>	Tax ID/SS#	<input type="text"/>
Name	<input type="text"/>	Requester	Trinidad Cisneros
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Country	<input type="text"/>		
All fields required. Incomplete forms will 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
26194-1397-70912-20					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$1625

Trinidad Cisneros
Requester Name

Requester Signature

Date:

Subtotal:	\$1625
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$1625

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date:

Justification for check pickup:

Office use Only: _____

Payment date: _____

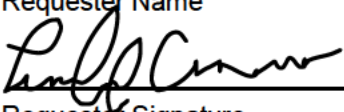
**Western University
of Health Sciences
PAYMENT REQUISITION**

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

ID@	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Tax ID/SS#	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Name	<div style="background-color: black; width: 150px; height: 1.2em;"></div>	Requester	Trinidad Cisneros
Address	<div style="background-color: black; width: 100%; height: 1.2em;"></div>		
City	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	State	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Zip Code	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Department	College of Vet Medicine
Country	<div style="background-color: black; width: 100%; height: 1.2em;"></div>		
Campus Extension		5557	
Payment Date		6/18/2020	
Payment Type		Electronic	

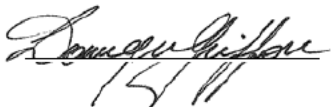
All fields required. Incomplete forms will be returned to requester resulting in payment delay.
**Only under special circumstances will checks be allowed to be picked up by individuals
☐ **Department check is to be returned.

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

Signature of Requester 2 or Supervisor

Date: 6/17/20

Justification for check pickup:

Office use Only: _____
Payment date: _____

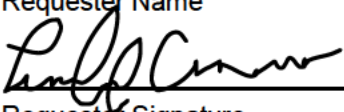
**Western University
of Health Sciences
PAYMENT REQUISITION**

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

ID@	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Tax ID/SS#	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Name	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Requester	Trinidad Cisneros
Address	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
City	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	State	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
Zip Code	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	Department	College of Vet Medicine
Country	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
Campus Extension		5557	
Payment Date		6/18/2020	
Payment Type		Electronic	

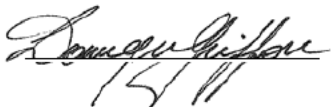
All fields required. Incomplete forms will be returned to requester resulting in payment delay.
**Only under special circumstances will checks be allowed to be picked up by individuals
☐ **Department check is to be returned.

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

Signature of Requester 2 or Supervisor

Date: 6/17/20

Justification for check pickup:

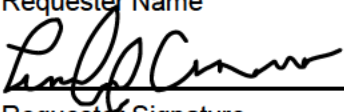
Office use Only: _____
Payment date: _____

**Western University
of Health Sciences
PAYMENT REQUISITION**

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

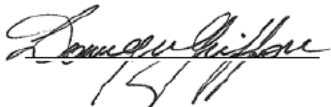
ID@	<input type="text"/>	Tax ID/SS#	<input type="text"/>
Name	<input type="text"/>	Requester	Trinidad Cisneros
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Country	<input type="text"/>		
All fields required. Incomplete forms will 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:

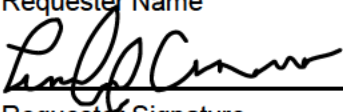
Office use Only: _____
Payment date: _____

**Western University
of Health Sciences
PAYMENT REQUISITION**

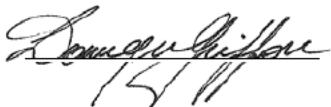
Payee an employee? ☐ Yes ☒ No Work Study Student? ☐ Yes ☒ No

ID@	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
Name	<div style="background-color: black; width: 80px; height: 1.2em;"></div> rian	Tax ID/SS#	
Address			
City		State	
		Zip Code	
Country			
<small>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.</small>		Requester	Trinidad Cisneros
		Department	College of Vet Medicine
		Campus Extension	5557
		Payment Date	6/18/2020
		Payment Type	Electronic

FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$0.00
						\$250.00

Trinidad Cisneros
Requester Name

Requester Signature
Date: 6/17/20

Subtotal:	\$250
Sales Tax	\$0.00
Shipping	\$0.00
Total	\$250

Dominique Griffon
Requester 2 or Supervisor Name

Signature of Requester
2 or Supervisor
Date: 6/17/20

Justification for
check pickup:

Office use Only: _____
Payment date: _____