ID@							
Name [Tax ID/SS#		
Address					Requester		
City		State	Zip Code		Department		
Country					Campus Extens	sion	5557
	ed. Incomplete fo	orms will be return	ned to requester resulti	ng in	Payment Date	6/18/20	20
**Only under sp	ecial circumstan		pe allowed to be picked partment check is to be		Payment Type	Electror	nic
FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTIO	N	Amount
							\$0.00 \$750 OC
				P		Subtotal:	
equeste Nar			Date:	6/17/20	· · · · · · · · · · · · · · · · · · ·	Subtotal: Sales Tax	\$750 OC
			Date:	6/17/20	: : :		\$750 00
			Date:	6/17/20		Sales Tax	\$750 OC \$750 OC \$0.00
equester Nar equester Sign	nature		Date:	6/17/20		Sales Tax Shipping	\$750 OC \$750 OC \$0.00 \$0.00
equester Sign	nature		Date:	6/17/20		Sales Tax Shipping	\$750 OC \$750 OC \$0.00 \$0.00

ID@							
Name 					Tax ID/SS#		
Address					Requester		
City		State	Zip Code	-	Department		7
Country					Campus Extens	sion	5557
All fields require	ed. Incomplete fo	rms will be return	ned to requester resulti	ng in	Payment Date	6/18/202	0
payment delay. **Only under sp	ecial circumstan	ces will checks b **Dep	oe allowed to be picked partment check is to be	up by individuals returned.	Payment Type	Electronic	С
FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTIO	ON	Amount
							\$72 5
						Subtotal	
equester Nar			 Date:L_	6/17/20	:	Subtotal: Sales Tax	\$725 \$725 \$0.00
			Date:L	6/17/20			\$725
			Date:L	6/17/20		Sales Tax	\$725
equester Sign			Date:	6/17/20		Sales Tax Shipping	\$725
equester Sign	nature Supervisor N	Name	Date:	6/17/20		Sales Tax Shipping	\$725

Western University of Health Sciences PAYMENT REQUISITION

ID@							
Name					Tax ID/SS#		
Address					Requester	Trinic	dad Cisneros
City		State	Zip Code		Department	College	of Vet Medicine
Country					Campus Extens	sion	5557
All fields require		orms will be return	ned to requester resulting	ng in	Payment Date	6/18/202	20
payment delay. **Only under sp	oecial circumstar	nces will checks b **Dep	pe allowed to be picked partment check is to be	up by individuals returned.	Payment Type	Electron	ic
FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTIO)N	Amount
20194139770	91220					ent 2 of 4	\$1625
20134133770							\$1625
Trinidad Cis	neros				•	Subtotal:	\$1625 \$1625
Trinidad Cis	neros			6/17/20	-		
Trinidad Cis	neros ne		Date:		- ! -	Subtotal:	\$1625
Trinidad Cis equester Nar equester Sig	neros me nature		Date:		- ! - !	Subtotal: Sales Tax	\$1625
Trinidad Cis equester Nar equester Sig Dominique equester 2 or	neros me nature	Name	Date:		- ! - !	Subtotal: Sales Tax Shipping	\$1625 \$0.00 \$0.00

Western University of Health Sciences PAYMENT REQUISITION

ID@							
Name					Tax ID/SS#		
Address					Requester	Trin	idad Cisneros
City		State	Zip Code		Department	College	of Vet Medicine
Country					Campus Extens	sion	5557
All fields required	d. Incomplete fo	orms will be retur	ned to requester resultin	ng in	Payment Date	6/18/20	20
payment delay. **Only under spe	ecial circumstan		pe allowed to be picked partment check is to be		Payment Type	Electror	nic
FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTIO	N	Amount
							\$750.00
Trimided Cien							
						Subtotal:	\$750
equester Nam	ne		Date:	6/17/20	-		
equester Nam	ne		Date:	6/17/20		Subtotal:	\$750
equester Nam	nature		Date:	6/17/20	- - -	Subtotal: Sales Tax	\$750
Trinidad Cisr requester Nam requester Sign Dominique (nature Griffon	Name	Date:	6/17/20	- - -	Subtotal: Sales Tax Shipping	\$750 \$0.00 \$0.00
equester Namequester Sign	nature Griffon		Date:	6/17/20	- - -	Subtotal: Sales Tax Shipping	\$750 \$0.00 \$0.00