

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

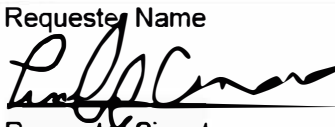
Payment Date

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
					C P	\$0.00 \$750.00

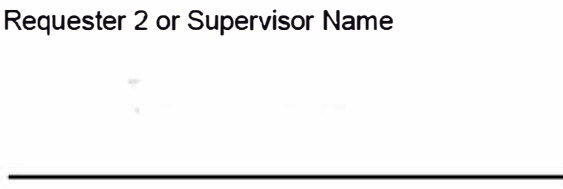
Requester Name

 Date:

Requester Signature

Subtotal:	\$750
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:

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

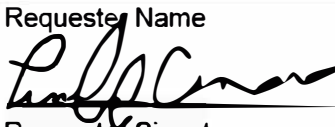
Payment Date

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
2					C P	\$725

Requester Name

 Requester Signature

Date:

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

Requester 2 or Supervisor Name

Signature of Requester 2 or Supervisor

Date:

Justification for check pickup:

Office use Only:

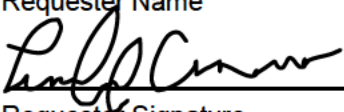
Payment date:

**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

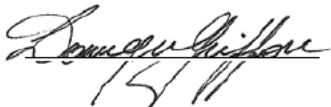
FUND	ORG	ACCT	PROG	ACTV (optional)	DESCRIPTION	Amount
26194-1397-70912-20					CVM Summer Scholars Research Program - Stipend Installment 2 of 4	\$1625

Trinidad Cisneros
Requester Name

Requester Signature

Date:

6/17/20

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:

6/17/20

Justification for check pickup:

Office use Only: _____

Payment date: _____

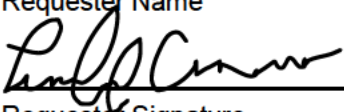
**Western University
of Health Sciences
PAYMENT REQUISITION**

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	

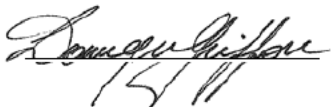
All fields required. Incomplete forms will be returned to requester resulting in payment delay.
**Only under special circumstances will checks be allowed to be picked up by individuals
☐ **Department check is to be returned.

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: _____