Novell®

Check Request

Amount: Date Needed: Date Prepared:

Payee Name:

Address:

City: State: Zip Code: Phone #:

New Supplier Information   Federal Tax ID #:   Fax #:

Check appropriate box: ☐ Individual   ☐ Corporation   ☐ Partnership   ☐ Government Agency   ☐ Foreign

Justification: openSUSE Travel support: Participation in events representing openSUSE

Preparer: Anna Possamai   Extension: Mail Stop: NUE
(please print)

_____   _____
Preparer's Signature   Manager's Signature

Cost Center #: SUDE 67160   Manager's Name: Roland Haidl
                                     (please print)

Account #:

Purchase Order #:   Date:

Alternative to cheque: Bank transfer (see attached reimbursement form for details)

* Check delivery options:

                                  _____
                                  VP Signiture *(if required)*

       ☐ Mail check only
       ☐ Mail with attached documentation
       ☐ Express Mail

                                  _____
                                  VP Name *(please print)*

Charge to cost center #:

                                  Date: _____