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 <u>Travel support: Participation in events representing openSUSE</u> - Reimburs.

Preparer: Katrin Murr   Extension: Mail Stop: NUE
(please print)

_____   _____
Preparer's Signature   Manager's Signature

Cost Center #: SULX 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: _____