

REQUISITION FOR LOCAL BANK CHECK

Name of Bank: <u>Commerce Bank</u>	Bank Account: <u>Imprest</u>	Bank Acct #: <u>13s</u>
------------------------------------	------------------------------	-------------------------

It is requested that a check from the above named bank account be drawn in favor of payee as shown. Imprest Fund account is no longer used to issue checks to Vendors. The payee will be a WSU Employee requesting the advance. **Fill out all***

Date: _____ *Amount: \$ _____ *myWSU ID: _____

*WSU EMPLOYEE Payee: _____

*Description of Request: _____

*When Will Imprest be Reimbursed: _____

I hereby agree to repay this advance within 30 days. I acknowledge and understand that failure to repay this advance could result in being sent to WSU collections. I hereby acknowledge, consent to and specifically authorize the University to deduct said amount from my university paycheck by means of a payroll deduction, said authorization being made pursuant to Section 3.14 (Withholding and Setoff) and Section 13.07 (Payroll Advances) of the WSU Policies & Procedures Manual. I also understand and agree that in accord with University policy, I will not be eligible for further advances while the balance remains unpaid. **NOTE:** If a grant participant owes the State of Kansas, I am fully aware that I am responsible for repayment.

*Requestor's Signature: _____ Phone #: _____

I hereby agree to repay the advance with department money in the event there is failure of repayment from original advance.

*Budget Officer's Signature: _____ Phone #: _____

Reimbursing Fund: _____ Org: _____ Acct: _____

If Grant Funding then ORA approval will be needed:

*ORA Funding Approval: _____ Phone #: _____

Mail or bring original request with original signature to: Accounts Receivable, Campus Box 38, Jardine Hall, Room 201.

.....Do Not Change Funding.....				
Detail Code	Fund	Organization	Account	*Amount
RADV	T10639	100000	EXPAGY	
Accounts Receivable Use Only				
A/R Signature: _____			RADV Completed on TSAAREV ()	
Approved By: _____			Copy of Request in Pending File ()	

Accounts Payable Only

Check No.: _____ Date Issued: _____