



## Requisition for Local Bank Check

Name of Bank: Commerce Bank

Bank Account: Imprest

Bank Account Number: 13s

Instructions

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. Return completed form to Accounts Receivable in Jardine Hall room 201, by mail to campus box 38, or by email to [wsuaccountsreceivable@wichita.edu](mailto:wsuaccountsreceivable@wichita.edu).

Request Details

Requestor Information

Date \_\_\_\_\_

Amount \_\_\_\_\_

myWSU ID \_\_\_\_\_

WSU Employee Payee \_\_\_\_\_

Description of Request \_\_\_\_\_

Date Imprest Will 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 13.07 \(Payroll Advances\)](#) of the WSU Policies and 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 \_\_\_\_\_

Requestor's Phone Number \_\_\_\_\_

Budget Officer Information

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 \_\_\_\_\_

Budget Officer's Phone Number \_\_\_\_\_

Reimbursing Fund, Org, and Account \_\_\_\_\_

Office of Research and Technology Transfer Approval (required if grant funding is used)

RTT Signature \_\_\_\_\_

RTT Phone Number \_\_\_\_\_

Accounts Receivable Use Only

Do not change funding.

Detail Code: RADV

Fund: T10639

Organization: 100000

Account: EXPAGY

Amount: \_\_\_\_\_

AR Signature \_\_\_\_\_

Approved By \_\_\_\_\_

RADV Completed on TSAAREV \_\_\_\_\_

Copy of Request in Pending File \_\_\_\_\_

Accounts Payable Use Only

Check Number \_\_\_\_\_

Date Issued \_\_\_\_\_