



Safekeeping Check Request

Accounts Receivable Department (316) 978-3333

Date: _____

All information must be completed.

Payee/Vendor Name : _____

myWSU ID: _____ Check mailed to payee: ____ Yes ____ No
WSU ID is required. W-9 or W-8 BEN form will be required for all new WSU IDs.

Address: _____
 Street

City _____ State _____ Zip _____

Description of Charges: _____
Must attach documents. Failure to do so will delay processing.

Safekeeping Account to be charged	Banner Fund	Banner Organization	Amount

Safekeeping Name: _____ Box #: _____
Complete name of organization

Requestor's Name: _____ Phone #: _____
If student is requesting the check, please sign here

Sponsor's Signature: _____ Phone #: _____
Required signature of sponsor/budget officer

WSU Accounts Receivable Use Only

Account Balance (FGIBAVL): \$ _____ AR Initials: _____ AR Initials: _____

WSU Accounts Payable Use Only

EXPAGY EXPSVC Reportable Expense 1099

Check #: _____

AP Approved By: _____ Issue Date: _____

Please note processing details (AR will complete):

- _____ Amount was increased to include sales tax
- _____ Payee will be sent a 1099
- _____ Department received funds electronically
- _____ Payee receiving funds via direct deposit
- _____ Check is _____ enclosed _____ mailed
- _____ Applied to payee's account