

Date: _____

Blank or invalid information will result in unnecessary delays.

Name to appear on check:

City:	State:	Zip:
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RWU ID#:	
EIN:	
SSN/EIN:	
SSN/EIN:	

Reason for Expenditure / Event details: _____

Student group(s)	Requested By (name):	Phone #:
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Fund (2 digits)	Unit (7 digits)	Object (5 digits)	Location (1 digit)	Organization Name	Amount (\$):

Amount for Payment	
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Name:	Signature:	Date:
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Name:	Signature:	Date:
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Name:	Signature:	Date:
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