

EASTERN WASHINGTON UNIVERSITY FOUNDATION
REQUISITION / INVOICE VOUCHER

EWU Foundation Office, 102 HAR (MS), 359-6890 (T), 359-4738 (F)

Division/Administrative Office: _____

Date: _____

Address/MS: _____

Phone: _____

Item Number	Description and Complete Specifications	Qty	Unit Price	Estimated Total Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Payee Name and Address: _____		I certify that items/charges listed above are proper: <input type="checkbox"/> Advances <input type="checkbox"/> Expenses Claimant Signature: _____		TOTAL _____
V#: _____				

FUND TYPE: (check one)

- Unrestricted.....96xxx...
Restricted.....97xxx...
Endowment.....98xxx...

Account Title:

Account Number:

1) Requested By: _____ Date: _____

2) Approved By: _____ Date: _____
Director/Administrator

3) Approved By: _____ Date: _____
Dean/Vice President

Funds Available: Yes No _____ Date: _____
Accountant

Approved By: _____ Date: _____
Foundation Executive Director

Ledger-Code _____ - _____ Amount: _____ Ledger-Code _____ - _____ Amount: _____

Notes: _____

Check #: _____ Date: _____