



WVUF Request For Payment

Disbursement Services
One Waterfront Place 7th Floor
PO Box 1650
Morgantown, WV 26507-1650
(304) 284-4000

Vendor: _____

WVU Employee Assignment Number: _____
(Where applicable)

Vendor Remittance Address _____
Street Address/PO Box _____ City _____ State _____ Zip Code _____

University Related Business Purpose: Purpose should include an explanation of why the expense was incurred.

Department Contact _____ Department Name _____ Department Address _____ Department Phone _____

Special Handling Instructions: _____

PO No. _____ Sub Account _____ Appeal _____

Distribution:

Fund No	Fund Name	Amount	Fund No	Fund Name	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that this request for payment is in accordance with the WVU Foundation Cash Disbursement Policy.

Total Due

Budget Officer/Designee Approval: _____
Budget Officer/Designee Signature _____ Date _____

FOUNDATION USE ONLY

Vendor ID	
Invoice No.	
Invoice Date	
Due Date	
Description	
1099 Box	
1099 Amt	