

**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: _____					