



# 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	