

Business Office Use	
Check #	_____
Vendor #	_____

Virginia Wesleyan University

Payment Requisition

Date: _____

Check if Payee is: Student* Employee Other

Payee Name: _____

Payee Address: _____
 (Required) _____

Payee Phone: _____
 (Required)

Payment Disposition: If Payee is not enrolled to receive ACH deposits through The Payments Company, a check will be mailed to the address entered above.

* Students may elect to pick up their check in the Business Office if the box below is selected:
 The student will pick up check in the Business Office after 1:00 p.m. on Friday

In order for payment processing to be complete by Friday afternoon, the request must be received by 4:00pm Tuesday.

Account Number	Amount
_____	_____
_____	_____
_____	_____
Total: _____	

Purpose: _____

_____ Signature of Applicant _____ Signature of Designated Budget Official _____ Business Office Approval