



CWU Bookstore Pre-Payment Invoice Request (Check Request)

VENDOR #		PO #			
VENDOR NAME AND ADDRESS	DEPT.	CWU Bookstore	Bookstore Approval (Sign Above)		Date
	Central Washington University Accounts Payable - MS 7470 Ellensburg, WA 98926				
			Accounts Payable Approval		Date

Line	Invoice # (Enter # after APBK)	Date	Amount	Voucher #	Account	Project ID (speedtype)	Fund	DeptID	Program	Class	Bdgt Pd
	APBK										
	APBK										
	APBK										
	APBK										
	Additional Information:										

THIS CHECK REQUEST FORM IS TO BE USED BY THE CWU BOOKSTORE TO REQUEST PRE-PAYMENT OF RESALE INVOICES ONLY.
BY SIGNING THIS FORM THE SIGNOR IS INDICATING THAT PAYMENTS ISSUED ON THIS FORM ARE FOR THE PURCHASE OF GOODS
TO BE RESOLD BY THE CWU UNIVERSITY BOOKSTORE ONLY. NON-RESALE PURCHASES ARE NOT AUTHORIZED ON THIS FORM.

--	--	--	--	--	--	--	--	--	--	--	--

Invoice number will be keyed with APBK as the first four digits in FMS to assist in tracking. If no invoice number is added the keying date will be appended.