## CENTRAL WASHINGTON UNIVERSITY FINANCIAL SERVICES OFFICE Financial Management System (FMS) CHECK REQUEST FORM

			VOUCHER #:	
For Accounting Use Only			For Accounting Use Only	
PAY TO THE ORE	DER OF:		INVOICE #:	
			DUE DATE:	
			DESCRIPTION (20 CHARACTERS)	
ACCOUNT:	Speedtype:		AMOUNT:	
	_			
	_			
			TOTAL:	
MAIL:			ENCLOSURE:	
	ADDITIONAL	DESCRIPT:	ION / INFORMATIO	N
			-	
	R	EASON FO	R CHECK	
Is the pavee or the benef	iciary of the payment a U.	.S. Citizen or U.S	5. Permanent Resident Alien?	? Yes No
	ent Alien Tax Compliance		<u> </u>	
REQUESTED BY:			DATE:	
DEPT APPROVAL			DATE:	