



WSU Payment Card Request Form

Current Date: \_\_\_\_\_

Activity Name: \_\_\_\_\_

Department: \_\_\_\_\_

Fund / Org: \_\_\_\_\_ Contract: \_\_\_\_\_
(if applicable)

Select One Option Below:

- New request
Supplemental request for a previously approved activity

Principal Investigator / Activity Coordinator: \_\_\_\_\_

Who will apply the funds to cards (if different from above): \_\_\_\_\_

Is this a Research Study? Yes No IRB Approval #: \_\_\_\_\_

Activity Start Date: \_\_\_\_\_

Activity End Date: \_\_\_\_\_

Estimated Total Number of Cards Required: \_\_\_\_\_

Date When Cards are Needed: \_\_\_\_\_

Total Anticipated Budget for This Activity: \_\_\_\_\_

Payment or Reimbursement Details (ex: Pre-defined payments, receipt management plan for reimbursements, etc.)

- Request for Payments (Taxable)
Request for Reimbursement (non-taxable, receipts required)

Budget Officer Approval: \_\_\_\_\_ Date : \_\_\_\_\_

printed name

Email signed form to ma.wsugreenphire@wichita.edu