



**Safekeeping Check Request**

Accounts Receivable Department (316) 978-3333

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

**All information must be completed.**

Payee/Vendor Name : \_\_\_\_\_

myWSU ID: \_\_\_\_\_ Check mailed to payee: \_\_\_\_ Yes \_\_\_\_ No  
WSU ID is required. W-9 or W-8 BEN form will be required for all new WSU IDs.

Address: \_\_\_\_\_  
 Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Charges: \_\_\_\_\_  
**Must attach documents. Failure to do so will delay processing.**

Safekeeping Account to be charged	Banner Fund	Banner Organization	Amount

Safekeeping Name: \_\_\_\_\_ Box #: \_\_\_\_\_  
Complete name of organization

Requestor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
If student is requesting the check, please sign here

Sponsor's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Required signature of sponsor/budget officer

**WSU Accounts Receivable Use Only**

Account Balance (FGIBAVL): \$ \_\_\_\_\_ AR Initials: \_\_\_\_\_ AR Initials: \_\_\_\_\_

**WSU Accounts Payable Use Only**

EXPAGY       EXPSVC       Reportable Expense 1099

Check #: \_\_\_\_\_

AP Approved By: \_\_\_\_\_      Issue Date: \_\_\_\_\_

Please note processing details (AR will complete):

- \_\_\_\_\_ Amount was increased to include sales tax
- \_\_\_\_\_ Payee will be sent a 1099
- \_\_\_\_\_ Department received funds electronically
- \_\_\_\_\_ Payee receiving funds via direct deposit
- \_\_\_\_\_ Check is \_\_\_\_\_ enclosed \_\_\_\_\_ mailed
- \_\_\_\_\_ Applied to payee's account