



Request Details

Request Date \_\_\_\_\_

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

myWSU ID (required) \_\_\_\_\_

A completed W-9 or W-8 BEN form is required for all new Payee/Vendors and for all income related requests. This includes, but is not limited to, independent contractors, etc. Failure to comply will result in not receiving payment.

Send to Payee

Send to Safekeeping Group

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

City, State, Zip Code \_\_\_\_\_

Description of Charges \_\_\_\_\_

\_\_\_\_\_

Banner Fund to be Charged \_\_\_\_\_

Banner Organization to be Charged \_\_\_\_\_

Amount of Expense \_\_\_\_\_

Safekeeping Group Name \_\_\_\_\_

Safekeeping Group Campus Box Number \_\_\_\_\_

Student Requestor's Signature \_\_\_\_\_

Student Representative Signature \_\_\_\_\_