



# WKU RESEARCH FOUNDATION EXPENSE VOUCHER

 Mail (US Postal Service)  
 Pick-Up (Call ext.) \_\_\_\_\_  
 Name: \_\_\_\_\_

**PAY TO:** \_\_\_\_\_  
Name

**Social Security Number** \_\_\_\_\_  Student  WKU Employee  Non WKU Employee/Student  
 (Needed for Awards/Services/Honorariums) **PLEASE USE SOCIAL SECURITY NUMBER, NOT WKU ID**

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

Complete addresses are required. NO campus addresses are accepted.

Signature

**Account to be Charged:** \_\_\_\_\_

**Account to be Credited (If Applicable)** \_\_\_\_\_

**Original Receipts are REQUIRED. Use separate line for shipping charges.**

Invoice Date	Invoice / Acct No.	Due Date	Invoice Amount	P O Number	Foundation Use Only
(1)					
(2)					
(3)					
(4)					
(5)					

**DESCRIPTION:** (Briefly describe the reason/justification for this expenditure)

**APPROVALS:**

Requested by: \_\_\_\_\_ Date \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_  
Name Signature

\$5000 or more signature (Vice President or Dean) \_\_\_\_\_ Date \_\_\_\_\_

\* No other voucher will be submitted for this transaction. This expenditure is within restrictions placed on this account. I have investigated alternate vendors, and this request for payment is based on my conclusion that this vendor's product/service best meets the needs of Western Kentucky University. The goods and/or services were received.

\* Inventory Control will be notified of equipment purchases over \$1,000.