}µvš• W Ç o
Wichita State University
1845 Fairmount
Wichita, KS 67260
316-978-3ì ó ì

WSU Payment Card Request Form

µ Œ Œ v š š :

š] À] šÇ Name: _____

Department: _____

Fund / Org: _____ Contract: _____
~](‰‰o] o •

Select One Option Below:

☐ New request

☐ Supplemental request for a previously approved activity

Principal Investigator / š] À] šÇ Coordinator: _____

t Z } Á] o o š‰ ‰o(µ Ç v • š }]( ]((µ Œ v š (µ v W }À • _____

Is this a Research Study? ☐ Yes IRB Approval #: _____

☐ No

Activity ^ š Œ š š :

_____

š] À] šÇ š W _____

Estimated Total Number of Cards Required:

Date When Cards are Needed:

_____

☐ Z ‹µ • š (}Œ W Ç d vŒ š • o •

☐ Z ‹µ • š (}Œ Z]u µ Œ • v }u v n šš Æ o U Œ]‰ š • Œ ‹µ] Œ •

Budget Officer Approval: _____ Date: _____

printed name

Email signed form to 1– Š ï Š ï Š ••xÐ p p P à ` 0 Ð À 0 à Ð P ð P À à P à `

(}Œ Œ]u µ Œ • u v š • U š X •