TCW Payment Requisition	For Office Use Only
Date:	**ID #:**
Pay To:	**1099:**
Address:	**SS #:**
	Needed By:

PLEASE ITEMIZE AND GIVE DESCRIPTION	Fund	Expense #	Dept. #	Proj. #	Amount
Sample	10	6400	1104	BUA	45.00
Credit on account	10	1301			
				Total	

Requested By: _____ Approved By: _____

Disposition: ☐ PLEASE MAIL CHECK
☐ PLEASE RETURN CHECK

Approved By:_____
(Vice President for Business and Finance)