



Safekeeping Request

Request Details

Request Date _____

Payee/Vendor name _____

Requester WSU ID _____

WSU ID is required. A completed W-9 or W-8 BEN form will be required for all new WSU IDs.

Street Address _____

City, State, Zip Code _____

Description of Charges _____

Amount of Expense _____

Circle One:

Send to Payee or Send to Safekeeping Group campus box number _____

Banner Fund and Organization numbers to be charged _____

Safekeeping Group Name _____

Student Representative's Name(print) _____

