



WAYNE STATE UNIVERSITY

# C2 Pipeline Program Check Request/Payable Request Form

2024/25 Program Year

Requester Name  Phone

Date  Amount:  Purchase Order

Check Request    Date Needed if Check Request     Pro-Card Purchase    Pre-Pay Check (state reason below)    In Direct (146013)

Staff Reimbursement     IRB     Wayne Buy Purchase    Travel Wayne    General Acct (221844)

Name

Address/  
Web Site:

City  State  Zip

Attention

Reference/Order/Confirmation/Invoice #

Index #371030    Amount     Account     Site/Program     Multiple  
2024 OST Time / 32N Grant through September 24

Index #302249    Amount     Account     Site/Program     Multiple  
SAMHSA Mental Health Awareness Training Grant

Index #371049 (O-1)    Amount     Account     Site/Program     Multiple  
Clintondale, Crockett, King, Lincoln

Index #371051 (O-2)    Amount     Account     Site/Program     Multiple  
A&T, Fitzgerald, East English, Detroit Lions, Academy of Americas

Index #412542 (MCC)    Amount     Account     Site/Program     Multiple  
Centerline, CMA, Henry Ford, MI Collegiate, Warren Woods Tower

Detailed Description  
Including Splits and  
Amounts

Person Submitting     Date

Supervisor Signature     Date     Approved    Denied

PI/Project Director     Date     Approved    Denied

Comments

Supporting Documentation such as Invoices, Expense Reports, Lesson Plans, or Contracts must be attached to this request. If shipment is already received, then packing slip must be attached. Be sure to sign invoice pages. If this is for a contract, then ensure that the contractor (if applicable) has a W-9 on file.