

# CREDIT CARD REFUND VOUCHER

See 30.55 for instructions.

WASHINGTON STATE UNIVERSITY  
OFFICE OF THE CONTROLLER  
PULLMAN, WA 99164-1025

<b>WASHINGTON STATE UNIVERSITY 365</b>	
DEPARTMENT NAME	
DEPARTMENT ADDRESS	MAIL CODE
DEPARTMENTAL CONTACT	CONTACT TELEPHONE NO.

<b>CONTROLLER'S OFFICE USE ONLY</b>
PAYLIX NUMBER
DATE OF REFUND
MERCHANT NUMBER

<b>CLAIMANT</b>
NAME
ADDRESS
CITY/STATE/ZIP CODE
WSU ID NO. (WSU EMPLOYEE/STUDENT)
SOCIAL SECURITY NO. OR EMPLOYER TAX ID NO. (NON-WSU INDIVIDUAL)*
TRANSACTION TRACKING NUMBER

\* It is unlawful for any state agency to deny any right, benefit, or privilege provided by law because an individual refuses to disclose his or her social security number except in specified circumstances. WSU is requiring that non-WSU individuals requesting payment from WSU disclose social security number or employer ID number (EIN) pursuant to Section 6109 of the Internal Revenue Code. When required, WSU will use disclosed social security numbers for IRS reporting purposes only.

DATE	DESCRIPTION	AMOUNT
<b>TOTAL</b>		

**DEPARTMENT:** Please sign, date, and enter the appropriate account code.

PREPARED BY NAME	PREPARED BY SIGNATURE	DATE
APPROVED BY NAME	APPROVED BY SIGNATURE	DATE

ACCOUNT CODE							COMP. TAX	NET INVOICE
FUND	SUBFUND	PROG	BUDGET	PROJECT	OBJ	SUB	AMOUNT	AMOUNT
<b>TOTALS</b> →								

WSU1381-CONTR151-1099