

PAYMENT REQUEST

Wisconsin Department of Transportation / Real Estate
RE1630 07/2018 Pursuant to Chapter 84, Wis. Stats.

Date Transmitted to STAR: _____ By: _____ <small>(Auditor's initials)</small> STAR Voucher #: _____ <small>This section is to be completed by the Central Office RE Payment Auditor</small>

Accounting String:

Date Created:

To: WisDOT / BTS / Real Estate Financial Unit, 5th Floor, PO Box 7986, Madison, WI 53707-7986

From:

Payment Type:

Account Code:

Invoice ID:

Project ID: _____ **Parcel Number:** _____

County:

Check Amount: \$

Check Stub Message:

Payee 1:

Payee 2:

Mailing Address 1:

Mailing Address 2:

Mailing Address 3:

Mailing Address 4:

City: _____ **State:** _____ **Zip:** _____ **Country:** USA

Check Handling:

Comments:

Region Approval: _____ **Date** _____
(RE Supervisor or Designee)