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

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)

Date Transmitted to STAR: _____________ By: ____________

(Auditor’s initials)

STAR Voucher #: _____________________

This section is to be completed by the Central Office RE Payment Auditor