



The GW Medical Faculty Associates

Liquidation Request Form

Submit via Email to poliquid@mfa.gwu.edu

Requestor Name:

Requestor Email:

Requestor Department:

Requestor Phone:

I certify that all obligations by the supplier have been fulfilled, all invoices have been paid and there are no outstanding or pending invoices related to the liquidations being requested.

PO# / BPO #	BPO Release #	Line # (Be specific)	Amount to Be Liquidated	Supplier Name	Reason for the Liquidation (Be Specific)

*To liquidate an entire PO or BPO Release#, enter PO#/BPO#, BPO Release# if applicable, and enter "all" in the "line#" column.
*To liquidate individual lines on a PO or BPO Release, make sure to indicate only 1 line per row.
*To reduce a PO encumbrance, provide the PO line#, the amount to remain on the line, the excepted new total amount, and confirm that the vendor has been notified of the decrease in their PO amount