



## UNIVERSITY FUNDS REIMBURSEMENT FORM

TO: WOU Cashier Date: \_\_\_\_\_

FROM: \_\_\_\_\_ Title: \_\_\_\_\_

Remitters name (print) \_\_\_\_\_ V# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PURPOSE OF REMITTANCE (INCLUDE TRAVEL DATES IF APPLICABLE)

\_\_\_\_\_

DEPOSIT TO THE FOLLOWING FOAPAL(S):

<u>Index #</u>	<u>Account #</u>	<u>Activity #</u>	<u>Amount</u>

1. Index number(s), account number(s), and amount(s) are **REQUIRED** for each type of expense.
2. List activity code if needed.

\_\_\_\_\_  
Remitter Signature

\_\_\_\_\_  
Cashier Signature