



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):

Index # or Fund # Account # Activity # Amount

<u>Index # or Fund #</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