



PERSONAL FUNDS REIMBURSEMENT FORM

TO: WOU Business Office Date: _____

FROM: _____ Title: _____

Please reimburse (print) _____ V# _____

Address: _____

City: _____ State: _____ Zip Code: _____

PURPOSE OF EXPENDITURE:

CHARGE TO THE FOLLOWING FOAPAL(S):

<u>Index #</u>	<u>Account #</u>	<u>Activity #</u>	<u>Amount</u>
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1. Index number(s), account number(s), and amount(s) are **REQUIRED** for each type of expense.
2. List activity code if needed.
3. Original receipts **MUST** be attached.
4. Form must have one signature other than person to be reimbursed.

Signature of person to be reimbursed

Department Head (other than requestor)