



CASH REIMBURSEMENT REQUEST (Under \$25.00)

Note: This form should be used when requesting reimbursements under \$25.00. Attach original receipts to support amount of expense.

Department: _____ Box #: _____ Department Extension: _____

Payee Name: _____

Payee myWSU ID: _____

Recipient's Name (if different from payee): _____

Recipient's myWSU ID: _____

Date of Expense: _____ Amount of Expense: _____

Description of Expense: _____

Department FOA Charged

Fund	Organization	Account #	Amount

Total of Amount Charged _____

Budget Officer's Signature: _____ Extension: _____

Date: _____

Financial Operations Office Use Only:	
Reimbursement Amount Paid: _____	Cashier's Signature: _____
Received By: _____ <small>Sign Upon Receipt of Reimbursement</small>	

Bring form and ID to Room 201, Jardine Hall. Do not mail this form. If mailing is required due to offsite location, make prior arrangements with Accounts Receivable.