



WICHITA STATE
UNIVERSITY
*Financial Operations
and Business Technology*
Accounts Receivable

Cash Reimbursement Request (Under \$25.00)

Instructions

This form should be used when requesting reimbursements under \$25.00. Attach original receipts to support amount of expense. Complete the request details section of the form and bring form and photo ID to Accounts Receivable in Jardine Hall room 201.

Note that there are fillable form elements which can be completed digitally, but this form will ultimately be printed and will require a signature when the reimbursement is given. If mailing is required due to offsite location, make prior arrangements with Accounts Receivable. For questions, email wsuaccountsreceivable@wichita.edu.

Request Details

Department Name _____

Department Campus Box Number _____

Department Extension _____

Payee Name _____

Payee myWSU ID _____

Recipient Name (if different from payee) _____

Recipient myWSU ID _____

Date of Expense _____

Amount of Expense _____

Description of Expense _____

Fund, Organization and Account to be Charged (if multiple, list each separately) _____

Budget Officer Signature _____

Date _____

Accounts Receivable Office Use Only

Reimbursement Amount Paid _____

Cashier Signature _____

Received By (sign upon receipt of reimbursement) _____