



## 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 detail section of the form and bring form and photo ID to Accounts Receivable 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](mailto:wsuaccountsreceivable@wichita.edu)

### Request Details

Department Name \_\_\_\_\_

Department Campus Box Number \_\_\_\_\_

Department Extension \_\_\_\_\_

Payee Name \_\_\_\_\_

Payee myWSU ID \_\_\_\_\_

Recipient Name \_\_\_\_\_

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

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Budget Office Signature \_\_\_\_\_

Date \_\_\_\_\_

Accounts Receivable Office Use Only

Reimbursement Amount Paid \_\_\_\_\_

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

Received By (sign up on receipt of reimbursement) \_\_\_\_\_