



Student (Being Reimbursed):

WFH#



Phone:

Are you currently employed at WSU in a Student or Graduate position? YES NO

Have you previously submitted a W9 for reimbursement purposes? YES NO



Return Time:

NO CLEARING

Expense List	Amount

Authorized By:

used in accordance with the intended purpose of Campus Recreation and criteria of the organization.

Student Officer:

(Date)

Competition Funds Coordinator

(Signature)

(Date)

Campus Recreation Office Use Only

Date Processed:

ICD or TR #:

Resistor

Processed By:

WSU is not liable for any loss or damage to equipment or supplies. It is the responsibility of the user to make an appointment with the research office...

