

REIMBURSEMENT OF ACH FUNDS

Updated May 2, 2019

This form should be used only to pay back an ACH payment. **PLEASE RETURN THIS FORM WITH AN ATTACHED CHECK MADE OUT TO THE UNIVERSITY OF WYOMING, TO THE ACCOUNTING OFFICE, OLD MAIN, RM 101.**

DEPT NAME: _____

PHONE: _____

REQUESTED BY: _____

EMAIL: _____

Full Name

DATE: _____

ACH RECIPIENT SIGNATURE (Required)

DEPARTMENT HEAD SIGNATURE (Required)

Reason for reimbursement (please describe the issue):

The original ACH was made as follows (info available in Exp Report in WyoCloud):

Expense Number: _____

Entity: _____

ACH Number: _____

Natural Account: _____

ACH Date: _____

Fund Class: _____

Supplier Name: _____

Fund Source: _____

Department Name: _____

Organization: _____

Department Code: _____

Expense Classification: _____

Amount of attached check/cash: _____

Program: _____

Amount of original ACH: _____

Activity: _____

Future: _____ 0 _____

PROJECT/GRANT INFORMATION If the charge was to a project/grant, complete the following:

Project: _____

Organization: _____

Expenditure Type: _____

Task: _____

If you have any questions regarding this form or the process, please contact accounting-office@uwyo.edu or call 766.6617.

ACCOUNTING OFFICE USE ONLY

COPY TO PROCUREMENT SERVICES