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.