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:______________________________

PROJECT/GRA NT 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 766.3032.