



PACIFIC LUTHERAN UNIVERSITY
Business Office
Cash Reimbursement Form
For reimbursement of \$75 or less

Please reimburse _____ PLU ID #: _____

in the amount of \$ _____ for _____

(Indicate business purpose of expense; ***Original receipts must be attached.***)

Charge FOAP: _____ - _____ - _____ - _____

 Financial Manager (Print Name) Signature Date



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