

UUCC Expense Reimbursement Form

REQUESTER INFORMATION

Name:

Address:

Phone Number(s):

Email address:

EXPENSE INFORMATION

Department:

<input type="checkbox"/> Adult Spiritual Development	<input type="checkbox"/> Board	<input type="checkbox"/> Building and Grounds
<input type="checkbox"/> Child & Youth Religious Education	<input type="checkbox"/> Church Social Events	<input type="checkbox"/> Communications
<input type="checkbox"/> Financial Services Task Force	<input type="checkbox"/> Green Sanctuary	<input type="checkbox"/> Lay Pastors
<input type="checkbox"/> Social Justice	<input type="checkbox"/> Sunday Hospitality	<input type="checkbox"/> Visitor welcome & follow up
<input type="checkbox"/> Worship	<input type="checkbox"/> Other (Please specify):	<input type="text"/>

Purpose of expense:

Date of event that incurred expense:

Expense amount:

Expense reimbursement recipient:

If reimbursement recipient is not the requester, please list the contact information for the recipient:

INTERNAL USE ONLY:

Expense reimbursement approved by:

Payment issued on:

Payment issued as:

Cash Check # Other (Please specify):