

First Unitarian Universalist Congregation of Ann Arbor REIMBURSEMENT REQUEST FORM

All requests require an invoice or receipt for payment. Use clear tape to attach the receipt or invoice to the back of this form or an $8\ 1/2$ " x 11" piece of paper, if necessary.

Date of request:				
Payee Name:	Ph	one: E-m	nail:	
(please print clearly)				
Address:	Ci	ity: Sta	nte: Zip:	
Date on Receipt/Invoice	Account # to be charged	Program to be Charged	Purpose of Expense	Amount
Notes:				
Requestor Name:		Requestor Phone/Email:	TOT	AL:
			e member in accordance with L	
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This form must be signed by the appropriate Staff liaison or Board of Trustee member in accordance with UUAA Finance Policies.

(Revised Aug. 2016 DC)