



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: _____ Phone: _____ E-mail: _____

(please print clearly)

Address: _____ City: _____ State: _____ Zip: _____

Date on Receipt/Invoice	Account # to be charged	Program to be Charged	Purpose of Expense	Amount

Notes: _____

Requestor Name: _____ Requestor Phone/Email: _____ TOTAL: _____

Staff Approval: _____

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)

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