Expense Reimbursement Form
Unitarian Universalist Congregation of Fairfax

Please use this form to submit receipts and expenses to be reimbursed from UUCF's operating fund.

Date:

Requestor Name:

Please make payment to: **Name:**

Address:

Payment information: (attach invoices, receipts and other documentation of expenses)

Description	Cost	Budget Account Name/Number

Total _____

Expense Approved by:

(Lay Minister, Committee Chair, etc.)

Finance Manager Approval: _____