## 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:

**Requester 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: \_\_\_\_\_