EXPENSE/REIMBURSEMENT REQUEST FORM

**Email:** **office@ucjc.org** **or leave form at Church Office. Photo copy of receipts are acceptable.**

***Type of Request*** Date:

 Check Payment

 Reimbursement Amount: $

 Return Payment

 Debit/Card

 Check Advance

Requested By:

Make Payable To:

Mail check to this address:

(if no address given, check MUST be picked up)

 ***Purchased Item\* Cost Budget to Charge\****

1)                            /$       /

2)                                 /$        /

3)                                 /$          /

4)                                 /$         /

**\* Purpose/Details of Use of item (i.e. gift certificate, dinner, meeting expenses**



Please attach all receipts and estimates. Receipts are required before reimbursements can be made. Thank You.

# \*Approved by:

\***Required Items** – NOTE: must be signed by person responsible for the

 Auxiliary Budget listed!

## **Office Use Only**

Date Received:                             Date Paid:

Check Number:                              Paid By:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (updated 7/24/19)