

EXPENSE/REIMBURSEMENT REQUEST FORM

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

Type of Request

- Check Payment
- Reimbursement
- Return Payment
- Debit/Card
- Check Advance

Date: _____

Amount: \$ _____

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)