

Olympia Unitarian Universalist Congregation

**EXPENSE REIMBURSEMENT REQUEST**

NAME (please print) \_\_\_\_\_ DATE \_\_\_\_\_

PAYABLE TO (if different) \_\_\_\_\_

EXPENSES (Please attach all receipts)

Item	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(attach additional sheet if needed)

TOTAL EXPENSES .....\_\_\_\_\_

Circle the BUDGET ACCOUNT NUMBER on reverse side of this form or enter other budget category here: \_\_\_\_\_

The above expense request is an accurate and appropriate statement of amounts due.

\_\_\_\_\_  
*Requester's Signature*

Approval:

\_\_\_\_\_  
*Signature of Committee Chair/Reserve Fund Manager (if different from requester; see reverse side) & date (approval can also be sent separately by e-mail or note)*