

**Marquette Unitarian Universalist Congregation
Expense Reimbursement Form**

Name: _____ Date: _____ Total Amount: _____

Address: _____

Phone Number: _____

Purchased for what committee area(s) with amount

RE: _____ Outreach: _____ Celebrant: _____

Program: _____ Hospitality: _____ Facility: _____

Social Action: _____ Administration: _____

Signature of Committee Chair(s) if over \$100

Brief description of why funds are needed: _____

Signature _____

***Send this signed form along with receipt(s) to the treasurer either
in the treasurer's box at 1510 M-28 or to PO Box 687 or electronically to
mharrison64@yahoo.com..***

Receipts over 3 months old will not be honored. Check will be issued within two weeks.

For office use only:

Budget Line: _____ Code: _____ Check #: _____ Date Paid: _____

Treasurer Signature: _____ Date: _____

June 2012