

UUFT Expense Justification/Reimbursement Form

Individual Making Request: _____

Date of Request: _____

Amount: \$ _____ Phone #: _____

Description: _____

Select Committee/Expense Item Below:

- 511 General Building Maintenance
 - 507 Minister Prof. Development
 - 516 Office Expenses
 - 520 Computer Expenses
 - 521 Sunday Programs
 - 522 Youth RE
 - 523 Adult RE
 - 524 RE Programming and Leadership
 - 525 Lay Leader Training
 - _____
- 531 Communications Committee
 - 532 Membership Committee
 - 533 Social Justice Committee
 - 534 Music
 - 536 Green Dreams Committee
 - 537 Pastoral Care Committee
 - 565 Committee on Ministry
 - 581 Minister Discretionary Fund

Check which applies:

REIMBURSEMENT (attach receipts)
Reimbursements may take up to 3 weeks to process.

Mail reimbursement check to:

Name: _____

Address: _____

Or put in _____ mailbox at UUFT.

JUSTIFICATION (attach receipts)

This was charged to UUFT charge account at _____

Signature of Committee Chair/Minister: (required).

*** Place in Admin's mailbox at UUFT***

For office use only:

Invoiced: _____ Paid: _____

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