

Unitarian Universalist Congregation of the Lowcountry

Request for Reimbursement

Total Amount: _____

Date of Purchase: _____

Materials or Service Purchased: _____

Purpose or Use of Item(s) Purchased: _____

Category (Check one):

Office __ *Worship* __ *RE* __ *Membership* __ *Fundraising* __ *Publicity* __ *Maintenance* __

Other (please specify): _____

Budget Code: _____ (to be completed by UUCL Treasurer)

Signature/Date of the Board Member authorizing this purchase (if over \$50.00):

Signature: _____ Date: _____

Person to be Reimbursed:

Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

PLEASE ATTACH RECEIPTS/PROOF OF PAYMENT

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Copy to: Treasurer