First Unitarian Universalist Society of Syracuse

JUSTICE WITH LOVE AND JOY, OPEN TO AWE

Expense Request Form

TODAYS DATE: _____ REQUESTER: _____ DATE NEEDED: _____

REQUEST FOR: ☐ REIMBURSEMENT ☐ PAYMENT ☐ OTHER _____

MAKE CHECKS PAYABLE TO _____

MAIL CHECK TO: _____

_____

☐ PUT IN OFFICE MAILBOX (Specify): _____

DESCRIPTION NOTES: _____

*** PLEASE STAPLE RECEIPTS BEHIND THIS FORM. THANK YOU!

ITEM _____ DATE: _____ AMOUNT: _____

ITEM _____ DATE: _____ AMOUNT: _____

ITEM _____ DATE: _____ AMOUNT: _____

TOTAL AMOUNT _____

CHARGE TO: (i.e. LFD, WORSHIP, PROFESSIONAL EXPENSES, FACILITIES, etc.): _____

APPROVAL:

_____	_____	_____	_____
Name-Print	Signature	Title	Date
_____	_____	_____	_____
Name-Print	Signature	Title	Date