

First Universalist Unitarian Church of Wausau

Reimbursement Request Form

Name of Requestor: _____

Date of Request: _____

Committee/Program (if applicable): _____

Committee Chair Approval (if required): _____

Approval may be given via signature or by written email confirmation to the Office Administrator. The requestor may also copy the Committee Chair on the reimbursement request email.

Expense Details

Date of Purchase	Description	Vendor/Payee	Amount

Total Amount Requested: _____

Purpose of Expense: _____

Budget Line (if known): _____

Attached Receipts: ☐ Yes ☐ No *****Itemized receipts are required for all reimbursements.*****

Requestor Signature: _____

Date: _____

Office Administrator Approval: _____

Date: _____

Second Signature (required if over \$250): _____

Date: _____

Office Use Only

Check Number: _____

Date Issued: _____

Initials: _____