



Unitarian Universalists of Central Delaware

Expenditure Reimbursement Form

Date: _____

For Treasurer's Records:

Check #: _____

Date Paid: _____

Details of Expenditure(s)

Account or Committee : _____

Approval: _____

Date(s) expenditure(s) incurred: _____

Explanations of Expenditure(s): _____

Total Expenditure(s): \$ _____

Personal Information (for check):

Payee's Name: _____

Mailing Address: _____

Phone Number: _____

Instructions:

- Provide all of the above information. (Please print legibility except signatures).
- Do not submit without approval signature of Committee Chair.
- Either provide all receipts with this form, or send by scan or mail if submitted electronically.
- This form and the attached receipts will not be returned; make copies, if needed.
- Give or mail completed form with receipts to the Treasurer: Stephanie Young, 63 Moores Lane, Smyrna DE, 19977 or to **UUCD, P.O. Box 1454, Dover, DE 19903-1454**
- **NOTE:** This form can be processed electronically by either being scanned and attached to an email or the needed information provided in the body of an email without the form. An approval email from the committee chair or a board member will act in place of an approving signature to *Treasurer.UUCD@gmail.com*