# Unitarian Universalists of Central Delaware

## Expenditures Reimbursement Request Form

Date request form submitted: __ __

*For Treasurer's Records:*
Check #:
Date Paid:

### Details of Expenditure(s) / Donation(s)

Committee or Program: __ __

Date(s) of expenditure(s): __ __

Explanations of Expenditure(s) and Itemized Expenses (as appropriate):

____ _____

**Total of Expenditure(s): $ _ _**

For reimbursements, the Committee Chair or Program Leader must approve:

Approval Signature: ___ __

Printed Name of Chair or Leader: __ __

### Personal Information:

Submitter's Name: ___ ___

Email Address or Phone Number: __ __

The church check should be payable to __ __

Mailing Address for check payment:

___ __

### Please note:

- Provide ALL of the above information, either on this form or in an email.
- Do not submit without approval signature of, or a supporting email from, the Committee Chair / Team Leader / Board Trustee.
- Attach all receipts with this form; scanned copies are acceptable.
- This form and the attached receipts may not be returned; make copies, if needed.
- Give completed form with receipts to the Treasurer; or mail to UUCD Treasurer, PO Box 1454, Dover, DE 19903-1454; or email to Treasurer.UUCD@gmail.com.