UUFS Expense Reimbursement or Check Request

Payee Name: _____

Address: _____

_____

Budget Category	Date	Description	Amount
		Grand Total (Please subtotal for each budget line item)	

Payee / Requester's Signature _____ Date _____

Authorizing Signature _____

Please staple receipts to back. Put in mailbox in the back of the sanctuary, middle cupboard, bottom shelf, or in the mailbox on the office door or Mail to UUFS, Attn: Treasurer, PO Box 2398, Sunnyvale, CA 94087

05/17