

# UUCEL Expense Reimbursement Form

Submitter Name:   
Title:   
Date:

Purpose:

Check Payable To:   
Send To (Address):

## Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL \$ -  
Less Cash Advance   
TOTAL REIMBURSEMENT \$ -

**Don't forget to attach receipts!**

**Submitter Signature**

**Date**

## Send Completed Forms to:

Church Treasurer or Bookkeeper  
Universalist Unitarian Church of East Liberty  
2231 Jefferson Rd., Clarklake, MI 49234

Check #:  
Date sent: