

Request for Reimbursement or Bill Payment

Name of person submitting bill

Name of person or business to be paid or
reimbursed _____

Address _____

City, Zip _____

Amount (Please attach receipts) _____

Description of Expense _____

Committee & Budget Category _____

*Signed by (Committee Chair must approve all committee
expenses) _____

Submit form to : UUC Treasurer (Mailbox in workroom) or
mail to: Unitarian Universalist Congregation
421 South Farwell Street
Eau Claire, WI 54701

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