

# 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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