

ID# _____, Ck# _____, Date Paid _____
(for office use)

First Unitarian Universalist Society of Marietta

Request for Reimbursement / Payment

Requestor's Name _____ Date _____

Name _____
(if reimbursement / payment is to be to someone other than the requestor)

Address _____
(where reimbursement / payment is to be sent)

Phone (requestor) _____ Phone _____
(Vendor / person receiving payment)

Expense Amount _____
(total of all invoices / receipts attached / total by payee, if appropriate)

Sales Tax _____
(FUUSM is tax free. If tax has already been paid, we will reimburse. If this is for payment, tax appearing on the invoice should be deducted from the amount requested)

Total Requested _____
(Amount requested for reimb. / payment (by payee if appropriate))

Item(s) or Service(s) purchased _____

Committee / Budget to be charged _____
(if more than one, give the amounts / items for each)

- a) I want to be reimbursed for this expense _____
- b) I wish to submit the attached Vendor Invoice(s) for payment _____
- c) I wish to donate this item(s) or service(s) to the church _____
- d) I request a check be issued to this Vendor / Individual _____

Signature(s): Requestor

Committee / Budget Approval, if needed

(Requests should be approved by the Committee accountable for the budget account charged. Expenses in excess of Budget Amounts should be approved by the Board of Trustees. The requestor may submit without approval; however, approval may be required prior to payment.)