



*East Suburban Unitarian Universalist Church*

*4326 Sardis Road  
Murrysville, PA 15668*

*www.esuuc.org  
(724) 327-5872*

**REIMBURSEMENT REQUEST**

Today's Date \_\_\_\_\_ Committee (if applicable) \_\_\_\_\_

**Payment Information**

Name (please print) _____
_____ Mail the check to this address _____
_____ I'll make other arrangements to pick-up the check
_____ This is a donation – please generate a receipt (budget approval not required for this option)

**List of receipts (attach additional pages if necessary)**

Please note which line item of the operating budget to which this expense should be applied. If there is no line item in the operating budget, then it is considered a capital expense and must be approved by the Board before you can be reimbursed.

Date	Vendor	Description of Expense	Budget	Amount
<b>Total of Reimbursement Requested</b>				

**Approval of Committee Chair or Board of Trustees**

The committee chair can also email his or her approval to [treasurer@esuuc.org](mailto:treasurer@esuuc.org). Please note that all capital (non-operating budget) expenditures MUST be approved, IN ADVANCE, by the Board of Trustees or at an Annual Meeting.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_