

**PAYMENT/EXPENSE VOUCHER FORM**



**NOTE: Use this form to**

**- request reimbursement for related committee, ministry or individual expenses**

**- request monies directed to approved Council for Faith (CFA) activity, event or support**

**Date:**

**Name of Project or Committee, Ministry, Group or person initiating reimbursement request:**

**Purpose/Reason**

**for Payment:**

(Check one)

Reimbursement for the expenditures explained below and on the attached receipts\*.

Payment of the attached bill.

Donation/directed giving, as detailed below

*\*Requests for reimbursement cannot be processed without appropriate documentation. Please scan receipts and email to [payables@uucwc.org](mailto:payables@uucwc.org) or send receipts through USPS, attention Accounts Payable.*

**Payment Amount:**

**Details of Expenditure (purpose):**

**Payee (check payable to name):**

**Payment Address:**

Use address in UUCWC Directory

Use address on attached Bill

Use this address (appearing here):

**Approval (may not be same person requesting reimbursement)**

Line Item/Budget Committee to be charged:

Name (print):

Signature:

**Other Instructions or Information:**