UUCiL Reimbursement Request

Budget Line item to be charged: _____

Name of Committee: _____

Date of Receipt	Description of Item	Amount on Receipt

Total amount to be reimbursed: $_____

Committee Chair: _____
Signature

Please check one of the boxes below:

❑ Reimburse: _____
Name of Recipient

❑ Donated by: _____

_____
(To be counted as part of UUCiL Contributions.)

_____
Name of Contributor

Please staple receipt(s) to the back of this form and place in the Office Administrator's mailbox.

Date received by Office Administrator _____

Revised 12-17-15

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