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:				
_ 1101	Name of Recipient			
☐ Donated by:				
(To be counted as part of UUCiL Contributions.)				
Name of Contributor				
Name of Contributor				
	te staple receipt(s) to the back of t to blace in the Office Administrator's			
Date received by Office Administrator				

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	Name of Cont	ributor			
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Date	received by Office Administrator				