

# UUPF Reimbursement Form

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<b>Date/s that expenses incurred</b>	
<b>Who gets reimbursed? name (please print):</b>	
<b>their mailing address(s):</b>	
<b>telephone number:</b>	
<b>Reason for reimbursement</b>	
<b>Amount(s)</b>	

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**Print requestor's name (name on check)**

Check box if the reimbursement amount is a **non-pledge donation to UUPF**. Your year-end tax statement will reflect this donation.

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**Requestor's signature and date**

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**Committee Chairperson — authorization signature**

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**Committee name**

(  ) check here if you have included any attachments

*Note:*

*After completing this form please give it to your committee chairperson along with receipt(s) for amount you are requesting. The committee chairperson will be responsible for forwarding the form to the treasurer for payment.*