



UUPF Reimbursement Form

Available as a fill-in-the-blank WORD form via UUPF website — Member Resources page. **“Save as” after download**

| | |
|---|---|
| List Date/s that expenses were incurred: | |
| Who gets reimbursed? <i>(print Requestor's name):</i> | |
| Reimbursement mailing address: | <input type="checkbox"/>  Check if on record with UUPF — or provide the mailing address <i>(If box is checked these expenses will be recorded as a donation by the Requestor)</i> |
| Telephone number: | |
| List expenses and reason: | \$ |

| | |
|---|--|
| <i>Reimbursement mailing address, comments or additional information:</i> | <input type="checkbox"/>  Check this box if the reimbursement amount is a non-pledge donation to UUPF . (No check will be mailed.) |
|---|--|

Requestor's signature date

Committee Chairperson — authorization signature

Committee name

()  check here if you have included any attachments/receipts or other documents

Instructions:

After completing this form, give it and the receipts to your committee chairperson. The committee chairperson will be responsible for authorizing payment and forwarding the paperwork to the treasurer for payment. If the expense is not associated to a specific taskforce, please route it to the Facilitator. All approved expenses will be reimbursed and the requestor will receive a check in the mail.

For all other payments due, submit vendor invoices, etc. and any instructions to your committee chairperson or directly to the Treasurer to process.