

Unity Intergroup Expense Reimbursement Form

TO BE COMPLETED BY PERSON REQUESTING REIMBURSEMENT:

Event or budget line item:

Date submitted to Unity Treasurer for reimbursement: ____/____/____

Date(s) expenses were incurred: ____/____/____

Type of expense:

- Copies
- Supplies
- Region Rep expenses
 - Hotel
 - Flight
 - Car mileage
 - Meal (per diem)
- WSBC Delegate expenses
- Other:

- Postage
- Parking
- Hotel
- Flight
- Car mileage
- Meal (per diem)

Total amount requested: \$_____

Write check to:

Address:

Requestor (if different from write check to): _____

~ Be sure to attach receipts / proof of payment ~

TO BE COMPLETED BY UNITY TREASURER OR CHAIR:

Date paid: ____/____/____

Check number: _____ Amount paid: _____

Approved/paid by: _____