Unitarian Universalist Congregation of Saratoga Springs

624 North Broadway, Saratoga Springs, NY 12866
(518) 584-1555

Expense Reimbursement Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Purchase	Description of Item Purchased	Budget Category (see categories below)	Amount
			$
			$
			$
			$
			$
		Total	**$**

Please attach receipts to this form

Budget Categories

Administration/Office	Membership
Building and Grounds	Ministry
Caring	Music
Communications	Personnel
Craft Fair	Religious Education
Finance	Social Justice
Goods & Services Auction	Stewardship
Green Sanctuary	Worship

_____ _____

Signature of person to be reimbursed Date submitted

Approved by:

_____ _____

Paul Mastrodonato, Treasurer Date

Payment information: _____