

Headwaters Unitarian Universalist Fellowship

Check/Bank Card/Reimbursement Request

Date: _____

Person making request: _____

Reason for request: _____

Approved by: _____
(Committee/Board Chair)

Submit form to Treasurer for processing after obtaining Committee/Board approval & signature.

Item/description	Committee Budget to charge	Amount
Total Amt Due		

___ Check issued to make purchase: _____ Amt _____

___ Bank card used for purchase

___ Check issued for reimbursement: _____ Amt _____

AND

___ Receipt provided for proof of purchase

Additional Comments: _____

For Office Use Only

Date Received: _____

Check # _____