

**Unitarian Universalist Society**  
**Reimbursement or Direct Invoice Payment Request**

Date Submitted: \_\_\_\_\_

Submitter's Name: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount: \$ \_\_\_\_\_

Budget Account(s): # \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Check One:**

I am authorized to submit this expense as the person responsible for the budget account number(s) and know there are funds available.

OR

I have approval to submit this expense from the authorized person responsible for the budget account number(s).

Authorized Person's name: \_\_\_\_\_

**Submit completed sheets (with receipts or invoices attached) to the  
Administrator (2355 Oakdale Road, Coralville, IA 52241 or  
admin@uusic.org)**