

CONTRIBUTION RECORD / REIMBURSEMENT REQUEST

Aiken Unitarian Universalist Church

P. O. Box 2231, Aiken, SC 29802

Rev 5/12/2020

Date: _____

Your Name: _____

Address: _____

Phone: _____

___ This is a Contribution Record for tax purposes
(Please submit to Receiving Treasurer)

___ This is a Request for Reimbursement*
(Please submit to Disbursing Treasurer)

| <u>Items</u> | <u>Cost (new items only)</u> |
|--------------|------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

TOTAL COST _____

----- Attach receipts, invoices, etc. as appropriate -----

* Before submitting Reimbursement Requests, please secure approval of appropriate Committee Chair or Church Board. Budget category: _____

Your Signature _____

Committee Chair or Board President Signature _____