

UNITARIAN UNIVERSALIST CHURCH IN EUGENE

Money Request

Office Only: Date Received _____ Date Sent _____

Date _____ () Pay Bill () Reimburse () Advance

Make Payment to: _____ Total \$ _____
Name: _____

Please Mail ()
Address: _____

Explanation: _____

Receipt Required - Please Attach ()

Amount and Account in General Fund:

- \$ _____ () 5311-Office Supplies
\$ _____ () 5320-Postage
\$ _____ () 2020-Repair Reserve Fund \$ _____ () 2030-Carley Fund
\$ _____ () 5610-RE Program \$ _____ () 2430-RE Special Fund
\$ _____ () 5620-Youth RE Program \$ _____ () 2420-Youth Special Fund
\$ _____ () 5625-Young Adult Program \$ _____ () 2435-Youth Adult Fund
\$ _____ () 2436-Campus Ministry
\$ _____ () 5640-Music Program \$ _____ () 2410-Music Boosters
\$ _____ () 5660-Adult RE \$ _____ () 2442-Adult RE Fund
\$ _____ () Staff Professional Expense
() 5005-Minister
() 5023-Director Religious Education
() 5034-Music Director
() 5043-Administrator
\$ _____ () Other: please specify account number & name

APPROVED BY _____ TREASURER _____

- PLEASE ATTACH RECEIPTS
• ALL REIMBURSEMENTS MUST BE APPROVED BY
AUTHORIZED COMMITTEE MEMBER OR PROGRAM DIRECTOR

Reimbursements will be picked up for processing at 5PM on the 11th and 26th of each month.
Checks will be in the office or mailed (if requested) by 9AM on the 16th and 2nd of each month.