

# UUCIL REIMBURSEMENT REQUEST

Budget line item to be charged: \_\_\_\_\_

\_\_\_\_\_

Items for reimbursement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total amount of reimbursement: \$ \_\_\_\_\_

Committee Chair: \_\_\_\_\_

Signature

Please check reimbursement or donation, in the box below:

Reimburse: \_\_\_\_\_

Name of Recipient

Donated by: \_\_\_\_\_

\_\_\_\_\_  
(To be counted as part of UUCiL Contributions)

\_\_\_\_\_  
Name of Contributor

*Please staple receipt(s) to the back of this form  
and place in the Treasurer's mailbox.*

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