

Unitarian Universalist Church of Davis  
 Request for Payment  
 Return via scan to office@uudavis.org  
 or mail to UUUCD, PO Box 73710, Davis CA 95617  
 or leave in Administrator's Inbox

Make Check Payable to: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

**Use this form for multiple expense reimbursements as listed below.**  
**\* Attach original invoices/receipts to BACK of this form. \***

GL Account Code	Description	Amount
.....	.....	\$ .....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Mileage Reimbursements (rate set by IRS)  
 ..... Destination round trip miles \_\_\_\_\_ x .56 per mile (2014) = \_\_\_\_\_

**Total Reimbursement or Payment Request**      \$

*I have purchased or paid for the above listed items for the sole use of the Unitarian Universalist Church of Davis.*

\_\_\_\_\_ signature

**Committee Chair or Authorized Staff:**  
 I authorize payment \_\_\_\_\_

\_\_\_\_\_ signature

Title \_\_\_\_\_

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

For Office use only:

Entered on: \_\_\_\_\_  
 Check # \_\_\_\_\_