		Unitarian Universalist Church of Dav Request for Payment	/is		
		Return via scan to office@uudavis.org			
		or mail to UUCD, 27074 Patwin Rd, Davis CA	95616	3	
		or leave in Administrator's Inbox			
Malas Ohaala Davahla (a.	Newse				
Make Check Payable to:					
	Address				
	-				
	Phone				
Use this form for mult	iple expens	e reimbursements as listed below.			
		s to BACK of this form. *			
GL Account Code		Description		Amount	
			\$)	
			_		
			_		
			_		
			_		
			_	<u> </u>	
			_		
	Mileage R	eimbursements (rate set by IRS)			
	-	ound trip miles x .545 per mile (Staff, 2018)	=		
			_		
		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 #