

UCRP Expense and Reimbursement Form

Please complete as much information as possible and provide copies of receipts and documentation with this form

Date: _____ Payee: _____ Phone: _____ Total: _____

Address: _____ City: _____ ZIP: _____

This Request is: An advance payment A reimbursement Payment of an invoice/expense

Is this a pre-approved budget expense: Y N Category: _____

When or how was expense authorized: _____

Description and purpose of expense: _____

Requestor's Name: _____ Position: _____

Requestor's Signature: _____ Date: _____

Officer's Signature: _____ Date: _____

Administrative Use Only

Payment Method: Check # _____ Debit Card Bank Transfer Online Banking

Delivered to: _____ Date: _____ By: _____ Bdgt Category: _____