Request for Reimbursement v3-22-25

Note: the church is not responsible for sales taxes

All Souls Unitarian Universalist Church

1330 Gotham Street Watertown, NY 13601 (315) 788-2742

Person to be reimbursed: _____

Address if check is to be mailed: _____

ITEMS PURCHSED OR REASON FOR REIMBURSEMENT: _____

_____

Total: **$** _____.____ **Date of Purchase**: _____/_____/ 20_____

This expense should be charged to the following committee or activity:

___Building and Grounds
___Office
___Advertising
___Membership/Activities
___Social Action
___Worship/Music/Art
___Religious Education
___Memorial Garden
___Board
___Other: _____

Receipt is attached Yes: ____ No: ____ If no, give a reason: _____

(to be completed by Treasurer)

Disbursements made on (Date): _____/_____/ 20_____ Check #_____

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Incident Report/Item Loan Form v3-22-25

Date of Incident/Loan: _____/_____/ _____**Date Resolved or Returned**: ____/_____/ _____

Parties Involved:

_____
_____

Description of Incident or Borrowed Item(s):
_____
_____
_____
_____

Property Damage: If none please indicate as such.

_____
_____
_____

Person(s) Filing Report or Authorizing Loan:

_____

Person(s) Receiving Returned Item

_____

Incident Report/Item Loan Form v3-22-25

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