

Prairie UU Payment/Reimbursement Form

Please email completed form to: Treasurer@PrairieUU.org.

NAME: _____

EMAIL: _____

PHONE NUMBER: _____

MAILING ADDRESS (your payment/reimbursement will be sent to this address):

DOLLAR AMOUNT FOR PAYMENT/REIMBURSEMENT (format: \$DD.CC): _____

DATE OF SERVICE/EXPENSE: _____

NAME OF COMMITTEE/TEAM: Caring Circle, Lifespan, Membership, Safe Congregations, Small Group Ministry, CORE Team – Fellowship, CORE Team – Lifespan, CORE Team – Worship, Justice League, Outreach, Communications, Fundraising, Stewardship, Finance and Banking Administration, HR - Prof. Expenses/ Development/Dues, Board of Trustees, COSM, Nominations/Leadership, Office Administration, Operations/HR, Front Range BIPoC Fund, Ministerial Professional Fund. (If unsure/not applicable, please see next question.)

DESCRIPTION OF THE SERVICE/EVENT/EXPENSE I WISH TO BE PAID/REIMBURSED FOR:

I WILL SUBMIT MY INVOICE/RECEIPT(S) BY:

____ ATTACHMENT TO THIS EMAIL

____ A SEPARATE EMAIL TO: Treasurer@PrairieUU.org

____ U.S. MAIL TO: PO Box 1684, Parker CO 80134

ADDITIONAL INFORMATION:

