

CONTRIBUTION RECORD / REIMBURSEMENT REQUEST

Aiken Unitarian Universalist Church
P. O. Box 2231, Aiken, SC 29802

Date: _____

Your Name: _____

Address: _____

Phone: _____

_____ This is a Contribution Record for tax purposes
(Please submit to Receiving Treasurer)

_____ This is a Request for Reimbursement*
(Please submit to Disbursing Treasurer)

<u>Items</u>	<u>Cost (new items only)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL COST _____

----- Please attach receipts, invoices, etc. as appropriate -----

* Before submitting Reimbursement Requests, please secure approval of appropriate
Committee Chair or Church Board. Budget category: _____

Your Signature _____

Treasurer's Signature _____