



### Expense Submittal – Social Responsibility

Complete this form and attach invoice or receipt(s) for payment or reimbursement. Make sure the person responsible for the budget (Committee Chair) has signed the Authorized line. Place the completed form in the Administrative Assistant’s mailbox.

Date: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

<b>Account Number</b>	<b>Account Description</b>	<b>Amount</b>
01-5510-300	Miscellaneous Expense	
01-5511-300	Project(s) Expense	
01-5514-300	GAIHN Homeless Hosting Expense	
01-5515-300	UU World of Children Support Expense	
01-5516-300	Discretionary Aid	
	<b>TOTAL</b>	

Details: \_\_\_\_\_

\_\_\_\_\_

Requester’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Authorization (Committee Chair)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_