



Greenville Unitarian Universalist Fellowship

Expense Submittal – Staff

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: _____

Account Number	Account Description	Amount
01-5110-741	Minister Professional Expense	
01-5110-743	Minister Continuing Education	
01-5110-751	Minister Relocation Expense (not mileage)	
01-5516-300	Minister Discretionary BUDGET (use first)	
01-5892-162	Minister Discretionary RESTRICTED (when budget is spent)	
01-5130-741	DLRE Professional Expense	
01-5885-750	Staff Training	
01-5130-743	DLRE Continuing Education	
	TOTAL	

Details: _____

Requester’s Name: _____ Phone: _____

Authorization (Committee Chair)

Name: _____ Phone: _____