

**Unitarian Universalist Congregation of Saratoga Springs**  
 624 North Broadway, Saratoga Springs, NY 12866  
 (518) 584-1555

**Expense Reimbursement Form**

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

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

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

<b>Date of Purchase</b>	<b>Description of Item Purchased</b>	<b>Budget Category</b> (see categories below)	<b>Amount</b>
			\$
			\$
			\$
			\$
			\$
<b>Total</b>			<b>\$</b>

**Please attach receipts to this form**

**Budget Categories**

Administration/Office	Membership
Building and Grounds	Ministry
Caring	Music
Communications	Personnel
Craft Fair	Religious Education
Finance	Social Justice
Goods & Services Auction	Stewardship
Green Sanctuary	Worship

\_\_\_\_\_  
 Signature of person to be reimbursed

\_\_\_\_\_  
 Date submitted

**Approved by:**

\_\_\_\_\_  
 Rachel McCracken, Treasurer

\_\_\_\_\_  
 Date

Phone: (518) 538-6429

Email: [rachel.rebecca.mccracken@gmail.com](mailto:rachel.rebecca.mccracken@gmail.com)

Payment information: \_\_\_\_\_