



# UPC Expense Reimbursement

Pay to the Order of: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Purchase Date	Event & Item Description	Ministry	Amount
		TOTAL	

**Don't forget to attach receipts!**

\_\_\_\_\_  
Submitter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date