

South Nassau Unitarian Universalist Congregation
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REIMBURSEMENT REQUEST FORM

Date: _____

Submitted by: _____ Phone # _____

Make check payable to:

Name: _____

Address: _____

Check which applies:

_____ Send directly to payee on check

_____ Send to person submitting this request

_____ Hold at SNUUC for pick up by: _____

Description – what check is for and budget category to charge:	Amount:

Authorized by: _____ (Committee Chair)

Date: _____