

UUCOV Reimbursement Form

Reimbursement for (amount) \$	as shown on the attached
receipt should be paid to (name)	for
personal funds spent on (date)	·
Charge to (committee)	·
Approved:	
Treasur	er or Committee Chair
PLEASE attach any/all receipts to the BACK side of the upper left corner with a staple (do not use paper clips). ALL checks are mailed directly through our accounting firm.	
PLEASE write your address below:	

Thank you!

Leave in Treasurer's mailbox in Waters Hall B.