

**Unitarian Universalist Church of Cheyenne**

PO Box 2331, Cheyenne, WY 82003

**Request for Reimbursement**

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

Date	Description of Item or Expense	Committee and/or Budget Category	Amount
<b>Total</b>			

Signature of person making request: \_\_\_\_\_

*Please attach receipts!*

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