

Union Chapel M.B. Expense Request Form

SETTLEMENT OF ALL EXPENSES SHOULD BE COMPLETED IN 7 DAYS

Request originated: Budgeted Item Unfunded Item Out of Budget Item Beginning Balance _____ Ending Balance _____

1. Ministry: _____

2. Chart of Account Number: _____ 3. Total Amount Requested: _____ Date Needed: _____

4. Item(s) Description: _____

6. Make Check Payable to: _____

7. Requester Name (Print) : _____ Signature: _____ 8. Date: _____

9. Approval Signature: _____ 10. Phone: _____ 11. Date: ____ / ____ / ____

UCMBC OFFICE USE ONLY

12. Date Request Submitted: ____ / ____ / ____ 13. Applied Item(s) Cost Center _____ 14. Check No. _____ 15. Amount: _____

16. Check Date: ____ / ____ / ____	17. Date Receipt(s) received: ____ / ____ / ____	18. Date Funds Returned: ____ / ____ / ____
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STATUS: Deferred Pending _____ / ____ / ____
Trustee Signature: _____ Date