

Date: _____

Requested by (print your name) _____

Payable to: _____

Purpose: (attach all receipts) _____

Total amount: \$ _____

Mail check to: _____

Expenses must be approved by a member of the Executive Committee or the President prior to reimbursement.

Signature _____ Date _____

If no signature is available, please verify authorization by phone or email.

Phone and/or email approval date: _____

Forward to: David Weber
972-991-8814
drw@uniplanfinancial.com
Fax 972-991-6813

FOR DAHU USE ONLY

Check Date: _____

Amount Paid: _____ Check Number: _____