Heartland District of the UUA
Expense Reimbursement Request Form

(Please complete all fields. Approval will be obtained by the District Office from the appropriate person. Thank you.)

Date Submitted _____

Name _____

Address _____

City _____St_____Zip_____

Phone (_____) _____

Email _____

Purpose _____

Charge to _____
(Board of Trustees, Leadership Council, Committee, event, etc.)

Approved by _____

Date approved _____

Receipts: Expense reimbursement requests over $20.00 *must* be accompanied by a receipt to ensure reimbursement.

Mileage: On form below, record number of miles in the Mileage column, multiply miles by .14 per mile, then record total in the Line Totals column.

Reimbursement Payments: Reimbursement checks will be mailed out within 2 weeks after receipt of the reimbursement request in the Heartland District office. Heartland uses the Chase Online Bill Pay System, so checks may arrive in a Chase envelope.

Donations: If you wish to donate a portion or all of your expense reimbursement back to the Heartland District, please enclose a separate check payable to the ***Heartland District***. Thank you.

Mail to: Heartland District of the UUA
5351 E. Thompson Rd., #229
Indianapolis, IN 46237-4094

Email to: office@heartlanduu.org

Fax to: 317-423-5443

Questions? office@heartlanduu.org or call 888-948-4883

DATE	LOCATION	DESCRIPTION	MEALS	LODGING	MILEAGE	OTHER	LINE TOTALS
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
		COLUMN TOTALS:	0	0	0	0	0
						TOTAL REIMBURSEMENT REQUEST:	0

Revised: May 17, 2010