

UUFH
Expense Submission Form

Section 1: To be completed by Purchaser or Requester

Send Payment To: _____

Address: _____

Please describe the purpose/details of the expenses, and attach all receipts

Amount to be reimbursed: _____

Requested By: _____ Date: _____

Requester email address or phone number: _____

Purchaser: Please submit this form to UUFH Office Administrator or Approver

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**Section 2: To be completed by Approver**

Approved By: \_\_\_\_\_

Budget Line: \_\_\_\_\_

*Approver: Please scan this form and receipts, and submit to Bookkeeper*