Unitarian Fellowship of West Chester
501 S. High Street
West Chester, PA 19382
610-692-5966

EXPENSE CLAIM

Committee/Fund _____

Approval Signature _____ Date _____

Purchase Date	Description	Amount
	Total	

Make Check Payable to _____

Mailing Address (if needed): _____
_____

Please attach receipts, and forward claim to the Expense Treasure for payment. If necessary, provide additional details on the back.

NOTE: Please use our PA sales tax exemption number when possible. This number is available from the Expense Treasurer, email: expense-treasurer.