## Unity Expense Voucher (This form is due within 90 days of expense being incurred.)

Recipient Information:	
Name:	
Address:	
City:	State: Zip:
Payment Information:	Mileage rate \$0.20 per mile both ways.
Payment Description (i.e. mileage, reimbursable purchase)	
Amount requested \$	Date of request:
Requested by:	
•	igh direct deposit to your bank account. To have your payment r account, enter your bank's routing and 9-digit transit number ach a voided check to this form.
Bank Routing and Transit # _	
Account Number	Checking Savings
I authorize the electronic deposit of these funds to the account listed above.	
XSignature	
Please return this form to the Lynette Urbanovsky, Unity T 13795 Alacia CT	Unity Treasurer by email or mail to: reasurer
College Station, TX 77845 Email: lurbanovsky@gmail.c	om Phone: (979) 450-1820
(For Administrative use only)	
Fund to be debited Revised: 9/13/2022	Date