

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: _____

Payments can be expedited through direct deposit to your bank account. To have your payment electronically deposited into your account, enter your bank's routing and 9-digit transit number and your account number OR attach 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.

X _____

Signature

Please return this form to the Unity Treasurer by email or mail to:

Lynette Shimek, Unity Treasurer

13795 Alacia CT

College Station, TX 77845

Email: lurbanovsky@gmail.com

Phone: (979) 450-1820

(For Administrative use only)

Fund to be debited _____ Date _____

Revised: 1/1/2023