2022-23 UNITE Club
Reimbursement / Payment Form

Club Name: _____ Date: _____

County / School District: _____

Club Sponsor: _____ Phone: _____

Reimbursement: When your project/activity is complete, submit this form, along with proper documentation (original invoices, purchase orders, packing slips, etc.) to support the approved expenses for processing. Documentation must include the name of the vendor, date of purchase and dollar amount. **All requests for reimbursement must be received by the UNITE office by Friday, May 26, 2023.**

Direct Payment: If you need to have UNITE pay for approved expenses directly, see page 13 of Club Handbook for details and submit a copy of your order confirmation to Alyson Salyer at asalyer@centertech.com.

Item of Expense	Cost
TOTAL AMOUNT REQUESTED	

Make check payable to: _____

Mail check to this address: _____

Name of person submitting this report: _____

Contact phone number: _____ E-mail: _____

Date report completed: _____ Signature: _____

Download this form at www.operationunite.org. Scan then email to asalyer@centertech.com, Fax to UNITE at 606-889-0874, or mail to: UNITE, 110 Resource Court, Suite 101, Prestonsburg, KY 41653