

Club Name:	Date:
County / School District:	
Club Sponsor:	Phone:

<u>Reimbursement:</u> 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** <u>Friday, May 31, 2024</u>.

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 <u>asalyer@operationunite.org</u>.

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 <u>OperationUNITE.org</u>. Scan then email to <u>asalyer@operationunite.org</u>. Fax to UNITE at 606-889-0874, or mail to: UNITE, 110 Resource Court, Suite 101, Prestonsburg, KY 41653