Reimbursement Request or Donation to Friends of Unity, Plymouth

| We welcome your gifts of service and items. How would you like us to treat this? I am making a donation I am seeking reimbursement | |
|---|--|
| Name | |
| Address | |
| City | |
| State | MI |
| Zip Code | |
| Phone | |
| Email | |
| Item Description | |
| Description: | |
| | |
| <u>.</u> | |
| Value/Amount | uired: Attach original receipt for reimbursement |
| Business Office Actions Completed Sent Thank You for the donation on Recorded the donation Recorded to expense account Trustee approval for the reimbursement by Check # mailed on | |
| Business Office Actions Completed by | |
| | Thank you for your generous support! |