

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 or 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 transit number (9 digit) 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 or mail to:
Dewyan Weise
6006 FM Hwy 765
San Angelo, TX 76905
email: HDWeise@zipnet.us (325) 651-8550 home

(For Administrative use only)

Fund to be debited _____ Date _____