EXPENSE REPORT

Columbine Unitarian Universalist Church

STEP 1: **Check the appropriate group below.**

STEP 2: **Enter the expense amount on the appropriate expense line.**

RELIGIOUS FUNCTIONS, COMMITTEES & GROUPS

Check desired Religious Function, Committee, or Group.

Enter expense amount on appropriate Expense Line.

☐	01-5240-	WORSHIP		
☐	01-5230-	MUSIC		
☐	01-5341-	RE - NURSERY	$_____	570 Background Checks
☐	01-5350-	RE - ELEMENTARY	$_____	550 Child Care
☐	01-5360-	RE - MIDDLE SCHOOL	$_____	520 Coffee / Condiments
☐	01-5370-	RE - 9TH GRADE TRIP	$_____	542 Conferences
☐	01-5380-	RE - HIGH SCHOOL	$_____	530 Curriculum
☐	01-5390-	RE - ADULT	$_____	534 Entertainment
☐	01-5756-	CARING COMMITTEE	$_____	545 Fees (UUMN Membership, etc.)
☐	01-5752-	COMMITTEE ON MINISTRY	$_____	521 Food
☐	01-5758-	HOSPITALITY	$_____	580 Marketing Expense
☐	01-5736-	JUST ACT	$_____	999 Miscellaneous
☐	01-5714-	MARKETING	$_____	503 Outside Copying
☐	01-5762-	MEMBERSHIP	$_____	502 Postage
☐	01-5716-	NEWSLETTER	$_____	543 Retreat
☐	01-5792-	STEWARDSHIP	$_____	531 Speakers (including Honoraria)
☐	01-5732-	WELCOMING CONGREGATION	$_____	501 Supplies
☐	15-5940-	WOMEN'S CIRCLE	$_____	532 Travel Reimbursement
☐	17-5970-	SOCIAL EVENTS		
☐	16-5940-	LABYRINTH		

OPERATIONS and FACILITIES

Check desired Operation.

Enter amount on appropriate line.

			$_____	514 Building Improvements
☐	01-5520-	OFFICE	$_____	513 Building Repairs
☐	01-5550-	FACILITIES	$_____	510 Equipment
☐	01-5544-	CLEANING SUPPLIES	$_____	511 Equipment Repairs
☐	01-5545-	KITCHEN / BATH SUPPLIES	$_____	512 Furniture
☐	01-5546-	FIRST AID SUPPLIES	$_____	503 Outside Copying
			$_____	502 Postage
			$_____	501 Supplies

MISCELLANEOUS

Check desired Miscellaneous Expense Item.

Enter expense amount on line corresponding to selected Expense Item.

☐	01-5110-214	MINISTER PROFESSIONAL EXP.	$_____
☐	01-5230-544	MUSIC - PROFESSIONAL DEVELOP.	$_____
☐	01-5320-541	RE - STAFF SUPPORT: TRAINING	$_____
☐	01-5320-542	RE - STAFF SUPPORT: CONFERENCE	$_____
☐	01-5422-541	LEADERSHIP SCHOOL	$_____
☐	01-5424-542	MDD CONFERENCE	$_____
☐	01-5426-542	GENERAL ASSEMBLY	$_____
☐	01-5428-541	OTHER TRAINING	$_____
☐	01-5428-542	OTHER CONFERENCES	$_____
☐	01-5924-999	BOARD DISCRETIONARY (MISC)	$_____
☐	01-5922-999	MISCELLANEOUS	$_____
☐	01-5936-532	MILEAGE	$_____

STEP 3: **Committee Chair approval for Committee Expenses; Treasurer or Minister approval for others.**

Chair Approval: _____

STEP 4: **Attach receipts for expense items to this form (copies are okay).**

Vendor (s): _____

STEP 5: **Calculate the expense total.**

TOTAL AMOUNT: $_____

STEP 6: **Complete the Payment Method information below. Put completed request in the Office Manager's mailbox**

☐ **Payee** _____ -OR- ☐ CUUC Credit Card

☐ **Place Check in Mailbox of:** _____

☐ **Mail Check to Name:** _____

Address: _____

City, State, Zip: _____

Request Date ___/___/____

Check Amt: $_____
(Credit xx-1122-000)

CUUC Credit Card Amt: $_____
(Credit xx-2520-000)

CUUC Merchant Gift Card Amt: $_____
(Credit xx-1620-000)

Donation In-Kind Amt: $_____
(Credit xx-4322-000)

TOTAL AMOUNT: $_____

Office Use Only: ☐ JV #_____ ☐ Manual Check Expense Donation: Envelope # _____