

Expenditure Request / Reimbursement For Unit & Family Readiness Funds

(Claimant fill out sections 1 through 7 only)

1. Unit	2. Date

3. Claimant or Payee	a. Name (last, first, middle initial)		d. Mailing Address		4. Payment Method <input type="checkbox"/> Check <input type="checkbox"/> Advance <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Credit Card <input type="checkbox"/> Petty Cash <input type="checkbox"/> U&FRF <input type="checkbox"/> Req & Issue <input type="checkbox"/> Other	
	b. Title (FRO, Volunteer, Vendor)					

5. Expenditures			A - Volunteer Awards/Recognition (001)	F - Direct/Overhead Exp - Comm (006)
			B - Volunteer Reimbursements (002)	G - Direct/Overhead Exp - Travel (007)
			C - Light Refreshments (003)	H - Direct/Overhead Exp - Other (008)
			D - Unit Parties/Picnics (004)	I - MWR Support (009)
			E - UFR Child Care (005)	J - Marine Corps Ball (010)

Line	Transaction Date	Code	(c) Item Description and Location of Purchase	Amount Requested
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Attach original receipts	Expenditures Subtotal
--------------------------	------------------------------

(d) Mileage, Fares & Tolls						
Line	(e) From (Beginning Location)	(f) To (Ending Location)	(g) Mileage	(h) Mileage Times Mileage Rate (\$) \$0.53	(i) Fare or Toll (\$)	(j) Total of Mileage (h) + Fare or Toll (i)
11						
12						
13						
14						
15						

Mileage Subtotal

6. Amount of Request / Reimbursement (total of column)	Total
---	--------------

8. This request / claim approved (FRO / Commander Designee) Approving Official Name _____ Sign _____ Date _____	7. I certify that this request / claim is true and correct to the best of my knowledge that payment or credit has not been received by me. Claimant Sign Here _____ Date _____
9. This claim is certified correct and proper for payment (UFRFA / CFO). Authorized Certifying Official Name _____ Sign _____ Date _____	10. Cash Payment Receipt a. Payee Name _____ Sign _____ b. Date _____ c. Amount _____

11. Reconciliation of Advance Payments Disbursement processed by :			Voucher # :	Date :
---	--	--	-------------	--------

a. Beginning Balance _____	b. Amount Disbursed _____	c. Receipts Attached Total _____	d. Cash Collection Receipt _____	e. Due to Payee _____
----------------------------	---------------------------	----------------------------------	----------------------------------	-----------------------

Accounting Classification (Office Use Only)		
12. Voucher Number	13. Cost Center	14. Tracking Number