

**EXPENDITURE REQUEST/REIMBURSEMENT
FOR UNIT & FAMILY READINESS FUNDS
(Claimant fill out section 1 through 7 only)**

1. Unit	2. Date
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3. Claimant or Payee	a. Name (Last, first, middle initial) & Title (FRO, volunteer, vendor)	c. Phone Number	4. Payment Method
	b. Mailing Address		<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Petty Cash <input type="checkbox"/> Req & Issue <input type="checkbox"/> Advance Credit Card <input type="checkbox"/> UFM <input type="checkbox"/> U&FRF

5. Expenditures

Line	Transaction Date DD/MM/YY	Code	(c) Item Description and Location of Purchase	Amount Requested
	(a)	(b)		
1				
2				
3				
4				
5				
6				
7				
8				
9				
Subtotal Carried Forward From Page 2				
(d) Mileage, Fares & Tolls				

Attach original receipts here

Line	(e) From (Beginning Location)	(f) To (Ending Location)	(g) Mileage	(h) Mileage Times Mileage Rate (\$)	(i) Fare or Toll (\$)	(j) Total of Mileage (h) + Fare or Toll (i)
10						
11						
12						
13						
Subtotal Carried From Page 2						
6. Amount or Request/Reimbursement (Total of Column)						

8. This request / claim approved by FRO/Commander Designee) Sign and Print

Approving Official _____ Signature	Date _____
Typed Name _____	

9. This claim is certified correct and proper for payment (UFRFA/CFO)

Approving Official _____ Signature	Date _____
Typed Name _____	

7. I certify that this request / claim is true and correct to the best of my knowledge and payment has been received by me.

Claimant Sign Here _____ Signature	Date _____
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10. Cash Payment Receipt

a. Payee _____ Sign and Print Printed Name	b. Date _____ c. Amount _____
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11. Reconciliation of Advance Payments

a. Amount Disbursed \$ _____	b. Receipts Attached Total \$ _____	c. Cash Collection \$ _____
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Disbursement processed by: _____ Voucher# _____ Date: _____

Accounting Classification (Office Use Only)

12. Voucher Number	13. Cost Center	14. Tracking Number
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