



First Unitarian Church of Honolulu

A Unitarian Universalist Welcoming Congregation
2500 Pali Highway, Honolulu, Hawaii 96817

Expense Voucher for Reimbursement or Payment

*Please attach all receipts to BACK of this form OR email PDF copy of form + copies of all receipts to authorized signer FIRST.
After approval received, give form + receipts to Office Administrator (office@unitariansofhi.org).*

<u>NAME OF ACCOUNT (Authorized Signer)</u>	<u>ACCT NO</u>	<u>AMOUNT</u>	<u>DESCRIPTION</u>
General Funds 01			
ADORE [General] (Co-Chairs)	01-6073-000		
Aesthetics (Team Chair)	01-6005-000		
Communications (Team Chair)	01-6045-000		
Engagement/Membership (Co-chairs)	01-6035-000		
Facilities Supplies	01-5710-000		
Fundraising Exp (Treasurer)	01-6150-100		
Hospitality (Team Chair)	01-6030-150		
Jubilee Anti-Racism Training	01-6074-124		
Minister-in-Residence [MIR] (Worship Co-Chairs)	01-5191-000		
Minister's Prof Expenses (Treasurer)	01-5061-005		
Miscellaneous (Treasurer)	01-6600-000		
Music Exp (Music Director/Team Chair)	01-6065-000		
Office Exp (Pres, Minister, Treas)	01-5430-000		
Plate Sharing Offering (Pres, Treas)	01-6180-000		
Postage Exp (Pres, Minister, Treas)	01-5440-000		
RE Expenses (DRE/RE Team Chair)	01-6040-000		
Repairs/Maint (Res Mgr/B&G Team Chair)	01-5740-000		
Social Justice Council (SJC Chair)	01-6070-000		
Stewardship/Development (Team Chair)	01-6055-000		
Visiting Ministers Honorarium	01-5191-000		
Worship (Team Co-chairs)	01-6015-000		

Mission Funds 02 *Indicates that funds must be released			
ADORE [non-video expenses] (Co-Chairs)	02-4229-123		
Black Lives Matter	02-6076-126		
Church Emergency Fund	02-6185-000		
Gallery on the Pali (Chairs)	02-6270-107		
Hospitality	02-6030-150		
Jubilee Anti-Racism Training	02-6074-124		
Leadership Development (President)	02-6595-000		
Long Range Cap Imprv Exp [Reno]	02-5770-000		
Memorial Garden (President)	02-5850-000		
Other Temp Restricted Use	02-6165-115		
RE Donations (Team Leader)	02-6221-106		
RE OWL (DRE/Minister)	02-6220-106		
RE Workshop/Other (DRE/RE Team Chair)	02-6215-106		
Spaghetti Lunch	02-5760-160		

Total Amount to be Paid: \$ -

Person to be reimbursed or paid: _____ Date: _____

Address (if to be mailed): _____

AUTHORIZED SIGNATURE _____ Date: _____

(Payee cannot authorize expenses)