

Unitarian Universalist Fellowship of Briarcliff, Croton and Ossining
Lunchtime Meals Program

Date:

Group preparing the meal:

Name and address of person seeking reimbursement:

Menu: (feel free to include recipes)

Receipts attached:

Store	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Total: _____

Please leave in Susan Peter's mailbox. Thanks for your participation in this important program!