The Unitarian Universalist Fellowship 303.665.4280. office@theuufellowship.org

REQUEST FOR PAYMENT

DATE SUBMITTED _____ AUTHORIZED BY:_____signature required

(Committee chair, authorized staff or person responsible for the budget category)

PAPERCLIP RECEIPTS & BACKUP TO THIS FORM; SUBMIT TO OFFICE ADMINISTRATOR

Expense Date	Amount	Item/Service purchased. Attach all receipts with paperclips	Payable to: Include address if being mailed Attach add'l. sheet if needed*	Budget Category i e Music, A-RE, etc.	office use only
		Total only if all are to same vendor			

REQUESTED BY:_____ Phone #_____ Email:_____

*Delivery options:

- ☐ mail to vendor
- ☐ mail to the requester
- ☐ notify requester for pick up
- ☐ leave in _____mailbox
- ☐ other: _____