

Boulder Valley Unitarian Universalist Fellowship 303.665.4280 officemgr@bvuuuf.org

REQUEST FOR PAYMENT

DATE SUBMITTED _____

AUTHORIZED BY: _____ signature required
 (Committee chair, authorized staff or person responsible for the budget category)

SUBMIT TO OFFICE MANAGER

office use only

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 EFAA, Music, A-RE, etc.	paid	Acct.
		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: _____