Unitarian Universalist Fellowship of Bozeman
REQUEST FOR PAYMENT

Instructions:

• All requests for payment reimbursement must be submitted by Committee Chairs. If the cost is unrelated to a specific committee, submit the request to the Minister or Board Chair.

• Receipts, original if possible, should be attached to the request

• Any request missing a receipt should include a detailed explanation of each expense (e.g., 4 reams of construction paper for childcare activities an annual meeting- purchased from Staples at $2.25 each)

• If more than one type of expense is being submitted, please provide information about each expenditure.

• Invoices you submit for payment should be for work or supplies that you can confirm has been received, and should be from companies with which you have no association.

Date Submitted _____

Submitted by: _____

Payable to: _____

Mail/Deliver to: _____

_____

_____

Approved By: _____

Expense # 1: Receipt or invoice attached ? $_____
Description of expense/purchase

_____

_____

Expense #2: Receipt or invoice attached ? $_____
Description of expense/purchase

_____

_____

Expense # 3: Receipt or invoice attached ? $_____
Description of expense/purchase

_____

_____

Total: $_____

For Treasurer: Date Paid: Check Number:

Unitarian Universalist Fellowship of Bozeman
REQUEST FOR PAYMENT

Instructions:

• All requests for payment reimbursement must be submitted by Committee Chairs. If the cost is unrelated to a specific committee, submit the request to the Minister or Board Chair.

• Receipts, original if possible, should be attached to the request

• Any request missing a receipt should include a detailed explanation of each expense (e.g., 4 reams of construction paper for childcare activities an annual meeting- purchased from Staples at $2.25 each)

• If more than one type of expense is being submitted, please provide information about each expenditure.

• Invoices you submit for payment should be for work or supplies that you can confirm has been received, and should be from companies with which you have no association.

Date Submitted _____

Submitted by: _____

Payable to: _____

Mail/Deliver to: _____

_____

_____

Approved By: _____

Expense # 1: Receipt or invoice attached ? $_____
Description of expense/purchase

_____

_____

Expense #2: Receipt or invoice attached ? $_____
Description of expense/purchase

_____

_____

Expense # 3: Receipt or invoice attached ? $_____
Description of expense/purchase

_____

_____

Total: $_____

For Treasurer: Date Paid: Check Number: