# First Unitarian Universalist Society of Albany

405 Washington Avenue, Albany NY 12206

**Request for Payment**

*Checks are generally printed once per week, with some exceptions—be sure to submit request in ample* time. If you have specific time constraints, confirm with the Treasurer when it can be done.

*This request must be completely filled out and signed by the authorized person for the specified budget* line/designated fund. Put Request and any supporting documents into the large box labeled Finance (near the mailboxes.)

1. **Please pay the amount of: $**
2. **To** (name and address of vendor, provider, or purchaser to be reimbursed):

**3. For** (describe item(s) or service. Attach bills or receipts.):

1. **Using funds from** this Albany UU **budget expense line**

*Expense line number and name*

or this Albany UU **Designated Fund**

1. **Authorized by** (signature of committee chair)

Date:

Chair of:

**6. Disposition of check:**

 **Mail to recipient** (cover letter enclosed)

 **Put in Albany UU mailbox of**

 **Other:**

*For office use only:* **PAYMENT APPROVAL**: Account # Amount $

Check # Date

Approved by: