

First Unitarian Universalist Society of Exeter
12 Elm Street — PO Box 627, Exeter, NH 03833

FUNDS DISBURSEMENT REQUEST

PLEASE NOTE: This form must be filled out completely, with legible, itemized, official vendor receipts attached (*i.e., no handwritten notes*) before any funds can be disbursed or reimbursed. There will be no exceptions.

FUUSE Committee or Administrative budget to be charged: _____

FULL AMOUNT REQUESTED (PLEASE TOTAL ALL ATTACHED RECEIPTS!) _____

PAYMENT AUTHORIZED BY: (Board, Staff or Committee Chair)

(print name)

(signature)

CHECK PAYMENT CATEGORY BELOW:

_____ REIMBURSEMENT for personal payment of goods/services. _____ PREPAYMENT for goods or services. _____ REGISTRATION FEE for workshop or conference. Attach copy of registration form, including all particulars.

_____ CHECK HERE if you are including an enclosure to be mailed with the check and/or if special handling is required.

MAKE PAYMENT TO: _____
(Individual or Organization Name)

(Street Address) (City) (State ZIP)

(PLEASE BE SURE TO INCLUDE COMPLETE MAILING ADDRESS. CHECK CANNOT BE ISSUED WITHOUT THIS!)

FOR OFFICE USE ONLY:

DATE PAID _____ AMOUNT PAID \$ _____ FUUSE CHECK # _____ SIGNED BY:
