PAYMENT REQUEST

Columbine Unitarian Universalist Church

Instructions:

1. Find the committee(s) and account(s) for the expense(s) and enter amount to be paid from each account in main section of form. If "Other" or you don't know, describe the expense in the blank or on the back of this form.
2. Attach (copies of) receipts for items to this form.
3. Committee Chairs must sign for committee expenses, and the Minister or Treasurer can sign for other expenses.
4. Enter amount to be reimbursed and/or amount to be donated, along with total amount, in top section of form.
5. Fill out your name or the name of other person or business to be paid on the "Payee" line.
6. For checks, check one box to show how to deliver the check---be sure to give us an address for mailed checks.

Put completed request in the Office Manager's mailbox.

Payee: _____ **Request Date:** _____

☐ Place Check in Mailbox of: _____

☐ Mail Check to Name: _____ **Check Amount:** $_____

Address: _____ **Expense Donation Amount:** $_____

City, State, Zip: _____ **Total Amount:** $_____

FACILITIES

Chair Approval: _____

01-5311-045	Facility Repairs	$_____
01-5312-045	Facility Improvements	$_____
01-5320-045	Equipment - Facility	$_____
01-5330-000	Equipment Repair	$_____
01-5411-045	Supplies - Facilities	$_____
01-5412-045	Supplies - Cleaning	$_____
01-5413-000	Supplies - Kitchen	$_____
01- -045	Other: _____	$_____

MEMBERSHIP

Chair Approval: _____

01-5411-040	Supplies - Membership	$_____
01-5421-040	Copying - Membership	$_____
01- -040	Other: _____	$_____

MUSIC

Chair Approval: _____

01-5330-025	Equipment Repair	$_____
01-5411-025	Supplies - Music	$_____
01- -025	Other: _____	$_____

NEWSLETTER

Chair Approval: _____

01-5411-050	Supplies - Newsletter	$_____
01-5421-050	Copying - Newsletter	$_____
01-5431-050	Postage	$_____
01- -050	Other: _____	$_____

RELIGIOUS EDUCATION - ADULTS

Chair Approval: _____

01-5411-015	Supplies - Adult RE	$_____
01-5421-015	Copying - Adult RE	$_____
01-5621-015	Food - Adult RE	$_____
01- -015	Other: _____	$_____

RELIGIOUS EDUCATION - YOUTH

Chair Approval: _____

01-5411-020	Supplies - Youth RE	$_____
01-5421-020	Copying - Youth RE	$_____
01-5611-020	Curriculum - Youth RE	$_____
01-5621-020	Food - Youth RE	$_____
01-5633-020	Conferences - Youth RE	$_____
01-5635-020	Training - Youth RE	$_____
01- -020	Other: _____	$_____

SUNDAY PROGRAM

Chair Approval: _____

01-5240-010	Speaker Honoraria	$_____
01-5411-010	Supplies - Sunday Program	$_____
01-5421-010	Copying - Sunday Program	$_____
01-5631-010	Travel - Sunday Program	$_____
01- -010	Other: _____	$_____

GENERAL OFFICE

Chair Approval: _____

01-5322-000	Equipment - Office	$_____
01-5330-000	Equipment Repairs - Office	$_____
01-5411-000	Supplies - General	$_____
01-5421-000	Copying - General	$_____
01-5431-000	Postage - General	$_____
01- -000	Other: _____	$_____

CANVASS

Chair Approval: _____

01-5411-070	Supplies - Canvass	$_____
01-5421-070	Copying - Canvass	$_____
01-5622-070	Dinner - Canvass	$_____

FUNDRAISERS - AUCTION

Chair Approval: _____

02-5411-075	Supplies - Auction	$_____
02-5421-075	Copying - Auction	$_____
02-5621-075	Food - Auction	$_____

FUNDRAISER - OTHER

Fundraiser Type: _____

Chair Approval: _____

02-5250-031	Concert - Artist Fees	$_____
02-1920-	Purchase inventory _____	$_____
02- -	Other: _____	$_____

SOCIAL EVENT

Event Type: _____

Chair Approval: _____

17-5411-000	Supplies - Social Event	$_____
17-5621-000	Food - Social Event	$_____
17-5706-000	Misc. - Social Event	$_____
17-5770-000	Event Fee	$_____

WOMEN'S CIRCLE

Chair Approval: _____

15- -000 Other: _____ $_____

Please Describe: _____

LABYRINTH $_____

Chair Approval: _____

16- -000 Other: _____ $_____

Please Describe: _____

MISCELLANEIOUS

Chair Approval: _____

01-5621-032	Food - Luncheons	$_____
01-5632-060	Minister's GA Expense	$_____
01-5633-000	Training and Conferences	$_____
01-5705-000	Board Discretionary Fund	$_____
01-5705-060	Minister Discretionary Fund	$_____
01-5706-000	Miscellaneous	$_____
01- -	Other: _____	$_____

Office Use Only: Date Processed _____ Donated Expense Entered in Contribution Module: Envelope # _____

Check # _____ Check Amount: $_____ Credit Card Amount: $_____ Scrip Amount: $_____ JV # _____

__ -1110-000 __-2200-000 __ - 1985-077