

Request for Payment

High Street Unitarian Universalist Church

Attach Invoice or receipts & check one:

- Vendor Payment
- Reimbursement
- Donation Credit

Specify Budget Expense Category _____

Specific Details of Expense _____

Print Payee Name: _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Signatures: _____ Amount _____ Date _____
Member requesting payment

Committee Chair (required for budget expenses)

President (for unbudgeted expenses)

**Attach receipts, obtain appropriate signature(s) and mail/give to
Church Office:**

**High St UU Church POB 4566 Macon, GA 31208
478-741-1714 hsuuc@bellsouth.net**